

# Care coordination with Primary Care Practices-

Opportunities to direct and share information with youth and PCP about the importance of accessing routine well-child care



# SBHC Communicating and Coordination with Primary Care Providers

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 your region, 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





**Before You Get Stared...**

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# How would you know?!

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...where each student goes for primary care?

Do you currently collect this information?

- If so, how?
- If not, how could you?
  - Learnings from Tigard SBHC



## **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

# Primary Care Providers had Little Knowledge about the Services Provided at an SBHC

## Info PCPs Wanted to Know about the SBHC

- What is School Based Health Center(SBHC)?
- What is the role of SBHC Sponsor?
- How is a SBHC Certified?
- Credentials of providers
- Population that the SBHC 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 providers

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# Example Template OPIP Developed

If we chose this format, we would have to change the picture unless we purchase it from stock photos. An alternate idea is to fill this space with the SBHC logo instead.

## AN OVERVIEW OF THE SCHOOL-BASED HEALTH CENTER:

### WHAT IS A SCHOOL-BASED HEALTH CENTER (SBHC)?

Oregon's School-Based Health Centers (SBHCs) offer a unique health care model in which comprehensive physical, mental, and preventive health services are provided to youth and adolescents in a school setting. The School-Based Health Center program is part of the Adolescent, Genetic, and Reproductive Health Section<sup>1</sup> in the Center for Prevention and Health Promotion<sup>2</sup>.

### HOW IS AN SBHC CERTIFIED?

Similar to the standards and requirements that PCPs must meet in order to become certified Patient-Centered Primary Care Home (PCPH)<sup>3</sup> medical homes, School-Based Health Centers also have certain standards and requirements they are held accountable for and must meet for certification. These SBHC standards are called the Key Performance Metrics (KPMs), which have been developed in order to promote high-quality, age appropriate health care for Oregon's school-aged youth<sup>4</sup>. These metrics keep SBHC's up to date and in line with providing appropriate care and services for their populations, offering a unique opportunity for collaboration with local providers.

### TYPES OF SERVICES PROVIDED AT THE ENTER NAME OF SBHC:

- \* Spirometry: ☐ YES ☐ NO
- \* Labs - Strep swap: ☐ YES ☐ NO
- \* Labs - Mono swab: ☐ YES ☐ NO
- \* Labs - UTI: ☐ YES ☐ NO
- \* Cultures for wounds: ☐ YES ☐ NO
- \* Tests - Glucose: ☐ YES ☐ NO
- \* Tests - Cholesterol: ☐ YES ☐ NO
- \* Vaccines - HPV booster: ☐ YES ☐ NO
- \* Mental Health Services: ☐ YES ☐ NO
- \* Birth Control: ☐ YES ☐ NO

\* ENTER OTHER SERVICES PROVIDED AT SBHC

### WHO IS ON STAFF AT THE ENTER NAME OF SBHC:

- \* ENTER STAFF NAME, CREDENTIALS, & TITLE  
ENTER STAFF EMAIL  
ENTER STAFF DIRECT PHONE NUMBER  
ENTER CONNECTION TO SPONSOR  
ENTER ROLE and PROVISION OF SERVICES  
ENTER GENERAL WORK SCHEDULE
- \* ENTER STAFF NAME, CREDENTIALS, & TITLE  
ENTER STAFF EMAIL  
ENTER STAFF DIRECT PHONE NUMBER  
ENTER CONNECTION TO SPONSOR  
ENTER ROLE and PROVISION OF SERVICES  
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ENTER ROLE and PROVISION OF SERVICES  
ENTER GENERAL WORK SCHEDULE

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### WHO CAN UTILIZE THE ENTER NAME OF SBHC:

(Modify language as appropriate) Any student within the ENTER SCHOOL DISTRICT(S) OR STUDENT POPULATION can receive care at the ENTER SBHC NAME.

### WHAT INSURANCE IS ACCEPTED AT THE ENTER NAME OF SBHC:

(Modify language as appropriate) The ENTER NAME OF SBHC can bill most private health insurance plans and may collect a co-pay at the time of the visit. Oregon Health Plan (OHP) is also accepted, which does not require a co-pay. No student will be turned away due to ability to pay.

### WHO SPONSORS AND OPERATES THE ENTER NAME OF SBHC:

(Modify language as appropriate) ENTER SPONSOR(S) OF THE SBHC operate(s) the ENTER NAME OF SBHC at ENTER SCHOOL NAME. Sponsors provide support functions such as human resources, purchasing, training, billing and leadership development<sup>5</sup>. The ENTER SBHC NAME uses ENTER EHR PROGRAM (ie: EPIC) and is on the platform that is sponsored by ENTER SPONSOR OF EHR (ie: OCHIN).

### WHEN IS THE SBHC OPEN?

The ENTER NAME OF SBHC is open:

- \* Monday @ TIME
- \* Tuesday @ TIME
- \* Wednesday @ TIME
- \* Thursday @ TIME
- \* Friday @ TIME

During Summer Break and Holidays, the SBHC is open: ENTER MODIFIED SCHEDULE FOR SBHC

### WHERE IS THE SBHC LOCATED?

The ENTER NAME OF SBHC is located ENTER POINTS OF REFERENCE/ LOCAL LANDMARKS.

ENTER NAME OF SBHC  
ENTER STREET ADDRESS  
ENTER CITY, STATE, ZIP CODE

### HOW CAN I GET MORE INFORMATION FROM THE SBHC?

SBHC Phone Number: (###) ### - ###  
SBHC Website: http://XXX.XXX.XXX

<sup>1</sup> <https://public.health.oregon.gov/PH/ID/Directory/Pages/Program.aspx?pid=4>

<sup>2</sup> <https://public.health.oregon.gov/PH/ID/Directory/Pages/Program.aspx?pid=5>

<sup>3</sup> <http://www.oregon.gov/ohp/hale/cph/Pages/index.aspx>

<sup>4</sup> [https://public.health.oregon.gov/HealthyPeopleFamilies/YouthHealth/SchoolBasedHealthCenters/Pages/data\\_requirements.aspx](https://public.health.oregon.gov/HealthyPeopleFamilies/YouthHealth/SchoolBasedHealthCenters/Pages/data_requirements.aspx)

<sup>5</sup> <http://wml.nashrc.org/infographic/resources/SBHC%20Sponsorship%20Fact%20Sheet.pdf>

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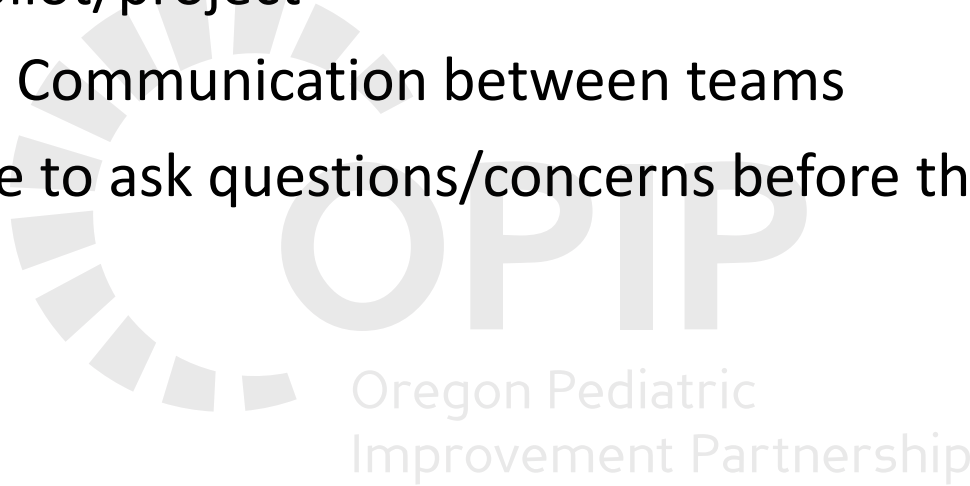


# Meeting 1 – Meet and Greet

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## Importance of a Meet and Greet

- Introduce Staff
- Framing for pilot/project
- Starts/Opens Communication between teams
- Allows people to ask questions/concerns before the pilot starts





## 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

# Meeting 2 – Defining Populations

## Who is in and out of scope for each provider

Physical Health		Mental Health	
In	Out	In	Out
<b>From SBHC to PCP</b>			
Well Visits		Med management	
Sports Physicals		Dual diagnosis	
Immunizations		More than 1 visit	
Complicated/repeat visits (3+visits for same issue)			
Eating disorder			
Positive pregnancy test			
Neglect/Abuse			
Med Management			
Need for birth control prescription			
<b>From PCP to SBHC</b>			
HPV follow up		Behavioral Health follow Up – PHQ2 and CRAFFT	
Obesity weight checks			
BP follow up			

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# Meeting 3 – Refining Workflow to Ensure Confidentiality

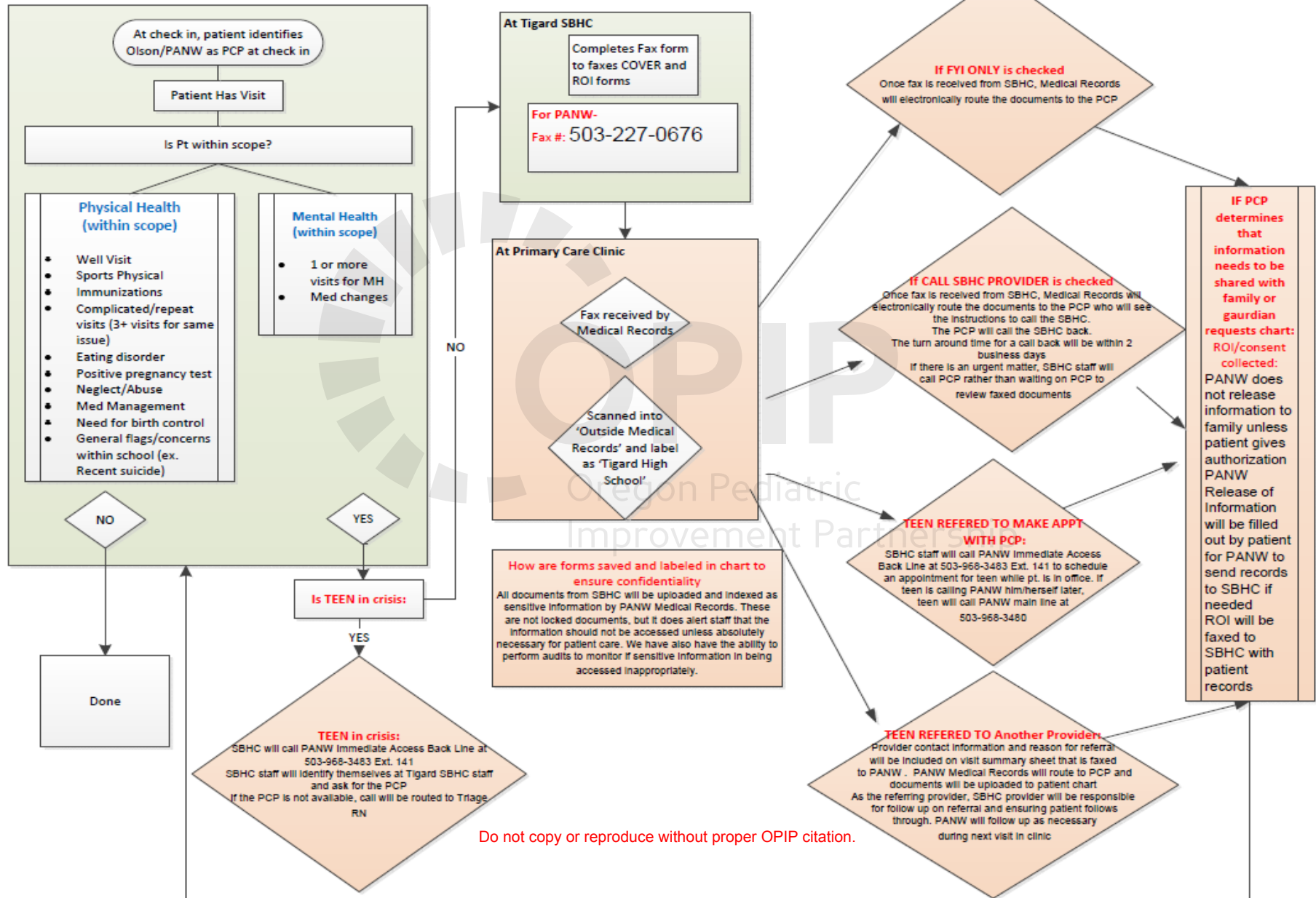
Ensure that the processes are in place to ensure information is protected

- Do a communication work flow mapping and confirm next steps
- SBHC work really hard to ensure confidentiality, but PCP's may have a different relationship with the teen/family
  - Labeling faxes and communications as confidential
  - Release of Information if information HAS to be signed if PCP decides to share any information with family

Oregon Pediatric  
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# Workflow Mapping of Communication Processes

## Pediatric Associates of the NW





**Pediatrics Associates of the Northwest**

**Fax Number:** (503) 227-0676

**CONFIDENTIAL COMMUNICATION**

**Virginia Garcia's Tigard High – School Based Health Center**

**PLEASE ATTACH ROI/CONSENT FORM**

**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 #

**Primary Care Provider Identified :** \_\_\_\_\_ ☐ Did not know provider name

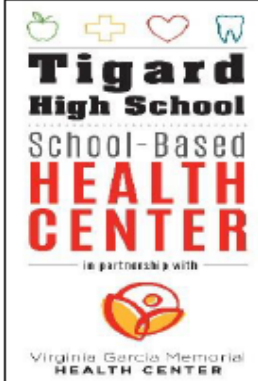
**Summary of Visit**

<b>Type of Provider</b>	<input type="checkbox"/> Physical health provider	<input type="checkbox"/> Mental Health Provider
<b>Type of Visit</b>	<input type="checkbox"/> Well Visit <input type="checkbox"/> Sports Physical <input type="checkbox"/> Immunizations <input type="checkbox"/> ED Follow-Up <input type="checkbox"/> Sick-Visit <input type="checkbox"/> Follow-up to referral from PCP <input type="checkbox"/> Other:	<input type="checkbox"/> Mental health assessment <input type="checkbox"/> Follow-up to referral from PCP <input type="checkbox"/> Other:
<b>Reason for Visit</b>		
<b>Problem List and/or Diagnosis</b>		
<b>Medications Noted by Teen</b>	<input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/>
<b>Results of Labs and Positive Screens</b>	<input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/>
<b>Follow-Up Steps Needed</b>	<input type="checkbox"/> FYI ONLY – No follow up needed <input type="checkbox"/> Call SBHC provider  <input type="checkbox"/> Teen referred to make appt with PCP <input type="checkbox"/> Teen referred to another provider Who:  <input type="checkbox"/> Other:	<input type="checkbox"/> FYI ONLY – No follow up needed <input type="checkbox"/> Call SBHC provider  <input type="checkbox"/> Teen referred to make appt with PCP <input type="checkbox"/> Teen referred to another provider Who:  <input type="checkbox"/> Other:
<b>Other Information For Provider</b>		

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Communication Form:  
SBHC to PCP





Fax #: (503) 431-5776

DRAFT 5/11/16

CONFIDENTIAL COMMUNICATION

Virginia Garcia's Tigard High – School Based Health Center

PLEASE ATTACH ROI/CONSENT FORM

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Insurance: \_\_\_\_\_

Date of Visit at PANW: \_\_\_\_\_

Provider Seen: \_\_\_\_\_

Communication Form:  
PCP to SBHC

Referral Form from <b>Pediatric Associates of the Northwest</b> to Tigard HS SBHC		
<i>Provider Referring To</i>	<input type="checkbox"/> Physical Health Provider	<input type="checkbox"/> Mental Health Provider
<i>Relevant Problem List and/or Diagnosis</i>		
<i>Relevant Medications for Referral</i>	<input type="checkbox"/> None <input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/>
<i>Reason for Referral to Tigard SBHC</i>	<input type="checkbox"/> HPV follow up First administration date: _____ <input type="checkbox"/> Meningococcal Booster Booster needed on: _____ <input type="checkbox"/> Weight check Recommended periodicity: _____ <input type="checkbox"/> BP check <input type="checkbox"/> Other: _____	<input type="checkbox"/> MH screening follow-up
<i>Other Information For SBHC Staff</i>	<input type="checkbox"/> Call PANW Provider: _____	<input type="checkbox"/> Call PANW Provider: _____
<i>Information Requested Back</i>	<input type="checkbox"/> No follow up needed <input type="checkbox"/> If you are unable to get them in by: (insert date) <input type="checkbox"/> Summary of Visit	<input type="checkbox"/> No follow up needed <input type="checkbox"/> If you are unable to get them in by: (insert date) <input type="checkbox"/> Summary of Visit

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# Some Learnings for All of You

- 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

