

Expanding Health Care Service Delivery: Development and Implementation of a School-Based Health Center in South Bexar County, Texas

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Presenter Disclosures

Camerino I. Salazar, M.S.

(1)The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Learning Objectives

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- Describe process and strategy undertaken in development of a school-based health center
- Describe health service reach through use of geospatial analysis
- Discuss local lessons learned and opportunities for sustainability of school-based health services



Setting the Stage

“The concern I have is because they lack the funds to see a doctor, they do home remedies which are ancestral...burning the paper in the ear and it not necessarily cultural but it is about being poor.”

---- Reflection by a community member regarding access to health services by parents and caregivers, February 2013

“[A]cademic achievements and education are critical determinants of health across an individual’s life span and disparities in one contribute to disparities in the other.”

---- School-Based Health Centers: Expanding the Knowledge and Vision, New York State Coalition for School-Based Health Centers, July 2009

School-Based Health Center (SBHC)

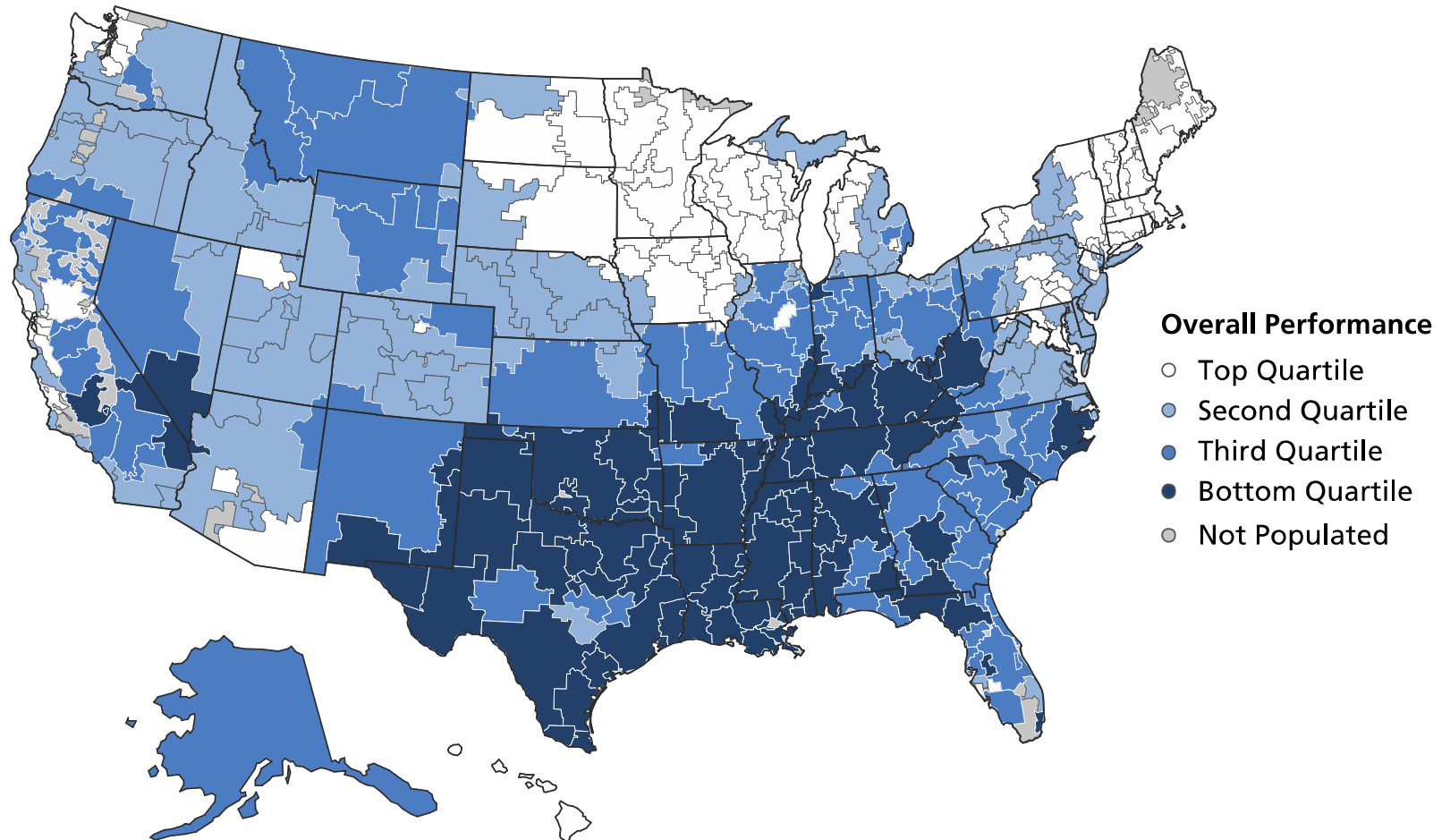
- ▶ **Strategy** - considered central to reducing gap in care with origins dating to the early 1970s
- ▶ **Operation** - in partnership between school, health center, hospital or local health department
- ▶ **Services** - driven by community needs, engagement between providers and schools
- ▶ **Setting** - largely located in urban, public school districts with largely diverse populations
- ▶ **Benefits** - access to care, economic, health- and school-related outcomes and patient experience ⁵

Prioritizing Access Through Healthcare Transformation

- ▶ Large segments of the population still go without clinical preventive care
- ▶ National priority for payers, providers, and policymakers seeking to improve quality healthcare at a lower cost
- ▶ Safety net hospital systems remain essential to providing care to millions of uninsured and underserved minority populations



Assessing the State of Care: Where People Live Matters



Strategic Alignment: Community Health Focus and Redesign of Healthcare

► Bexar County, Texas



► Community Health Focus

- Increase the rate for preventive health care visit in persons ages 2-18
- Increase the vaccination coverage for children ages 0-3

► 1115 Medicaid Waiver

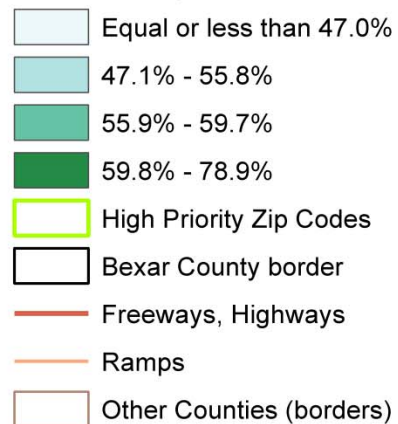
- Texas HHSC received federal approval to gradually expand Medicaid managed care
- Preserves hospital funding by providing incentive payments for health care improvements and directing more funding to hospitals that serve large numbers of uninsured patients

Percent of adolescents ages 13 to 18 by Zip Code that received MCV (>1 dose) as of September 2014

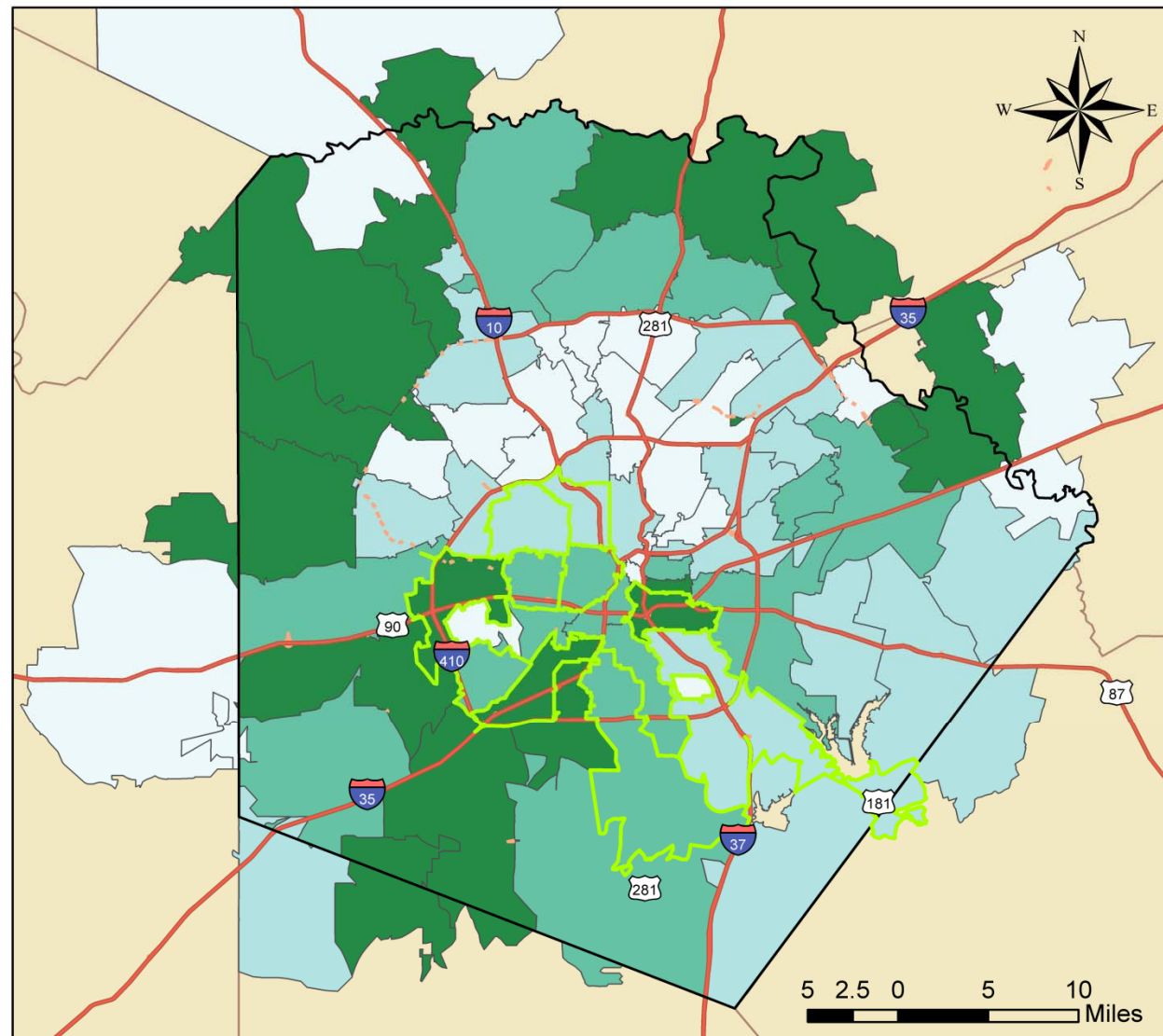
Legend

MCV by Zip Codes

% 13 to 18 years



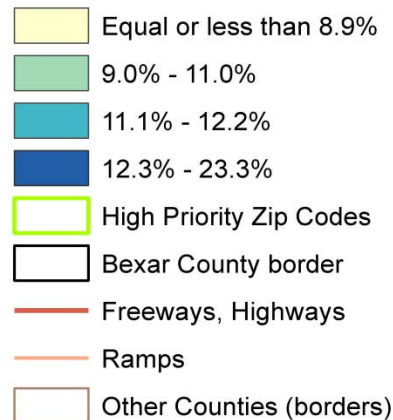
Data came from the San Antonio Metropolitan Health District.
Map was prepared by: Health Analytics, Research & Information Management, University Health System, San Antonio, TX.
10/31/2014



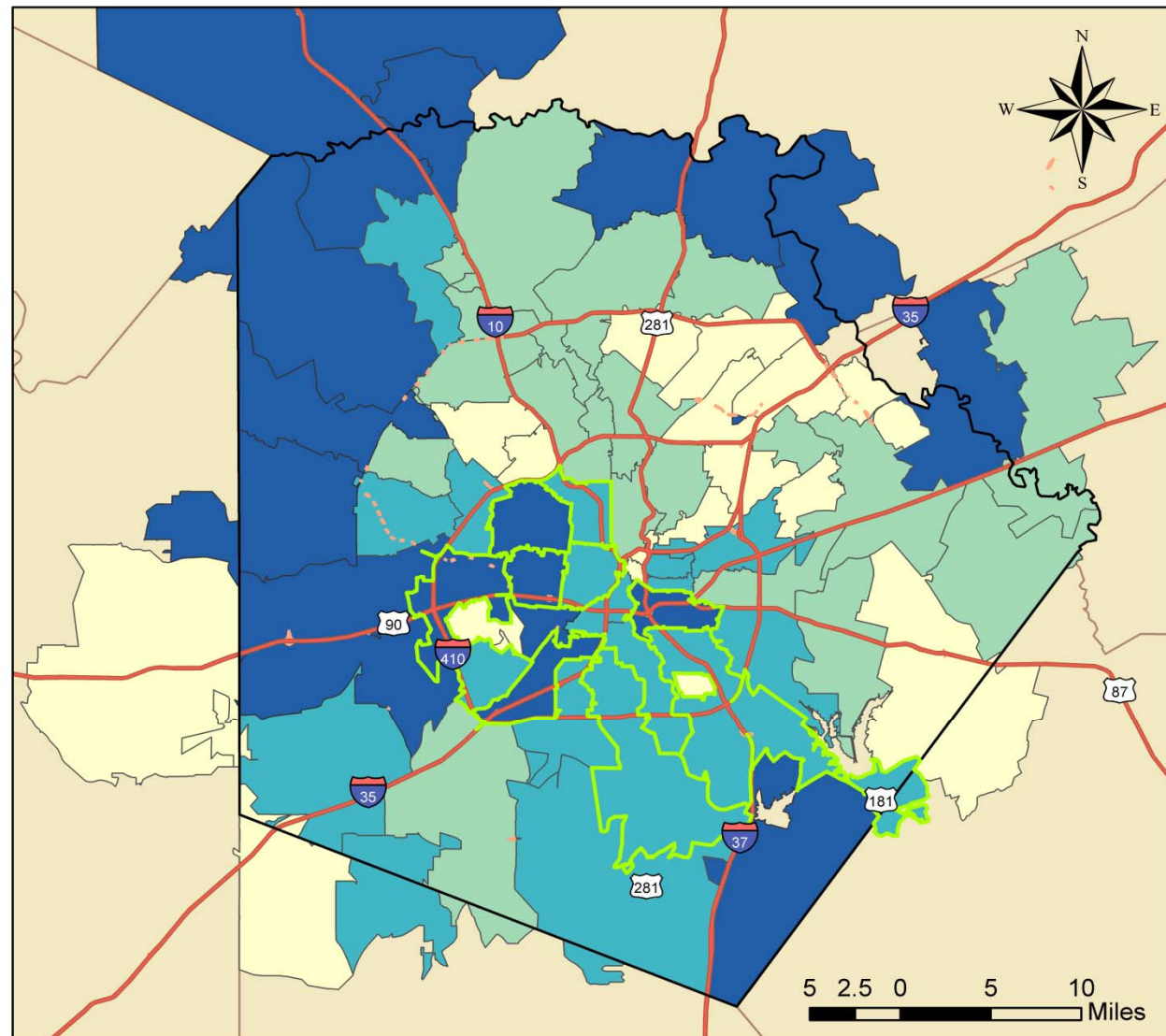
Percent of children ages 5 to 18 by Zip Code that received seasonal influenza vaccine dose between September 2013 and June 2014

Legend

Flu Shot by Zip Codes % 5 to 18 years



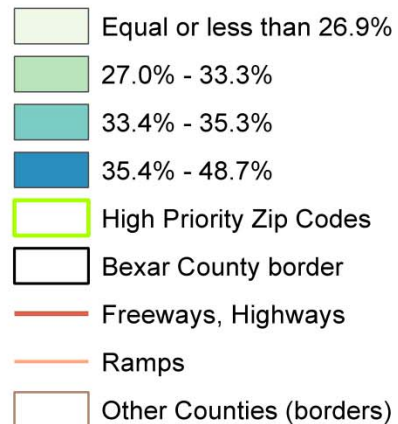
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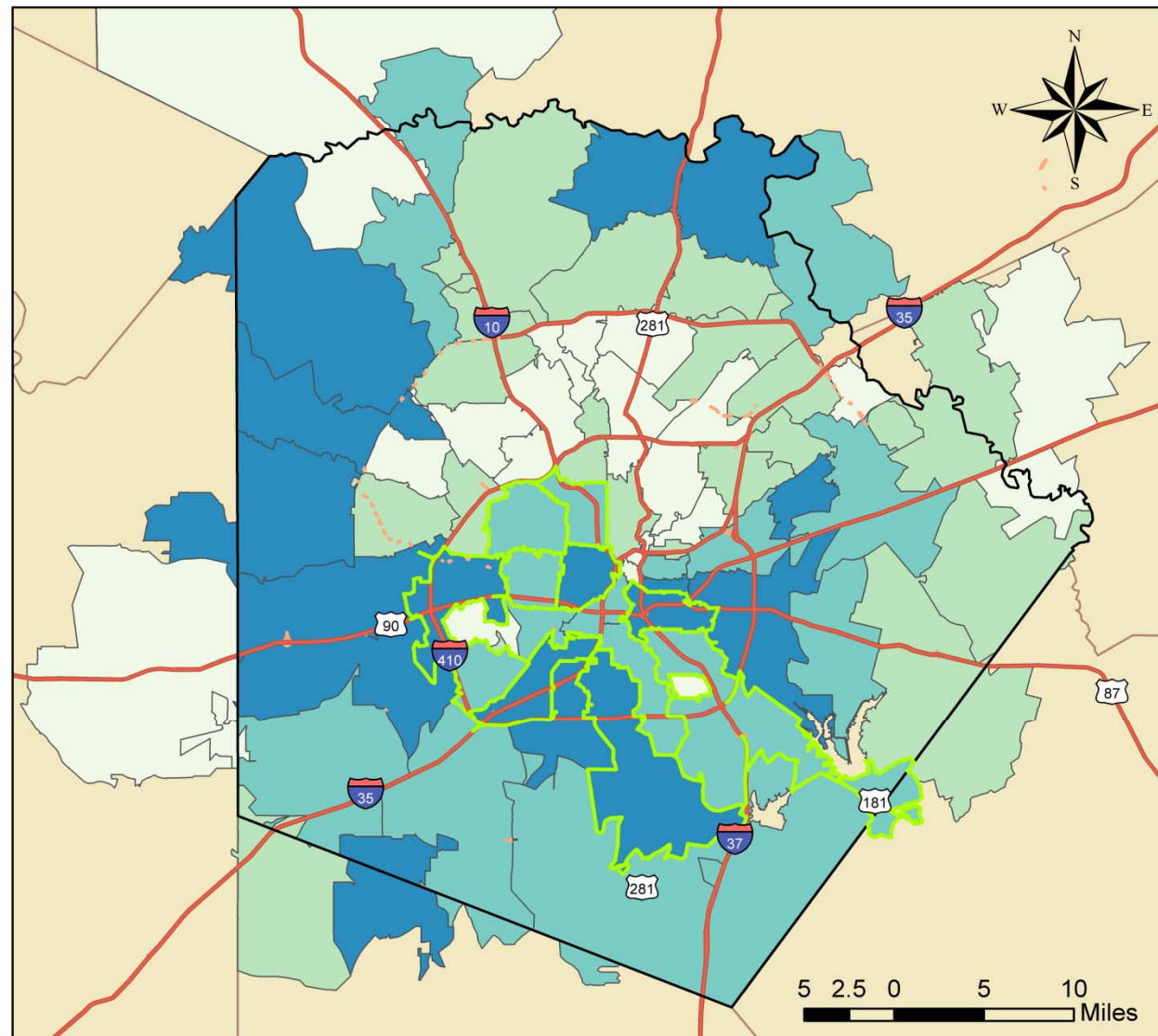
Percent of children ages 7 to 18 by Zip Code that received Tdap vaccine as of October 2014

Legend

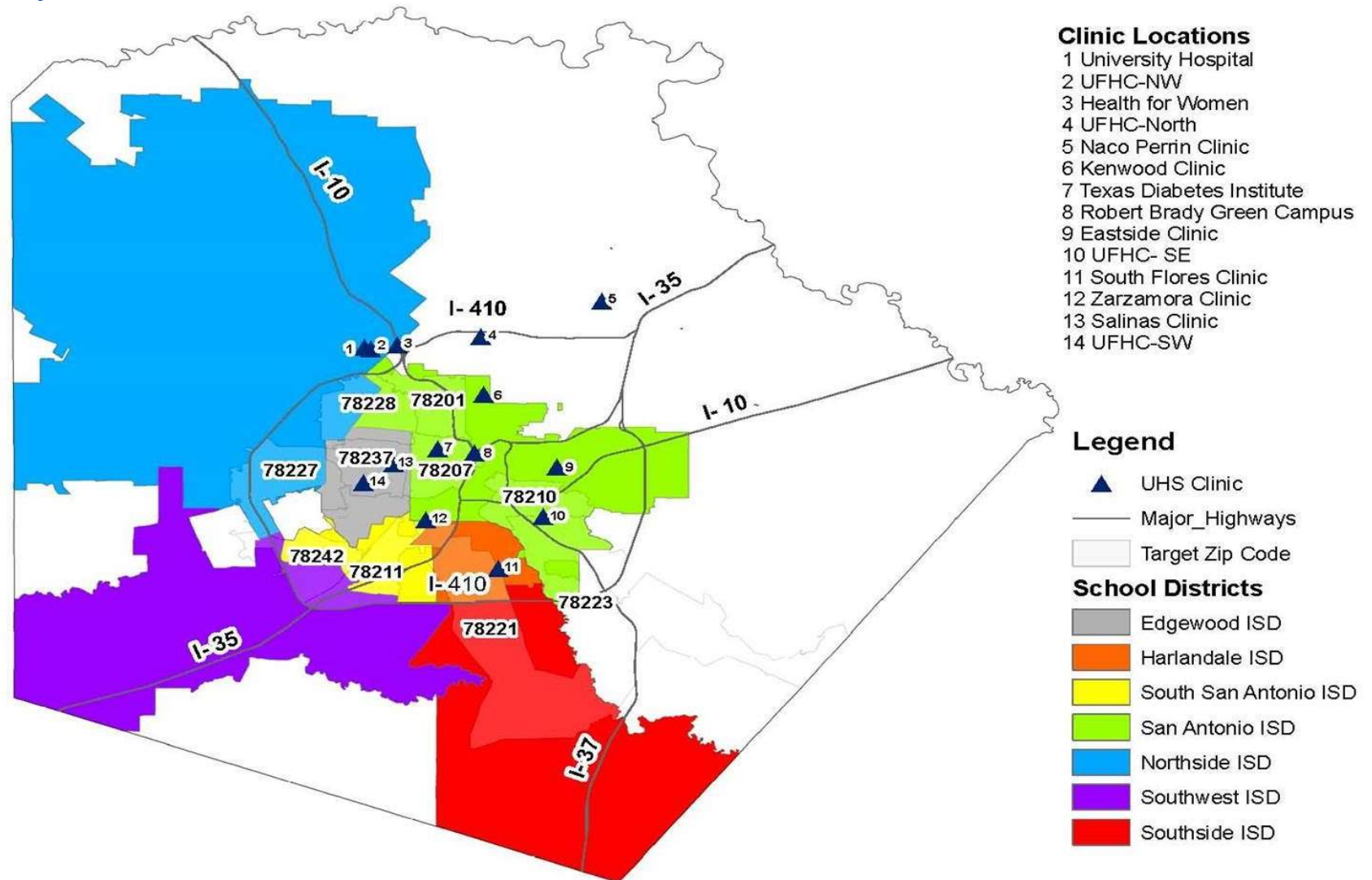
Tdap by Zip Codes % 7 to 18 years



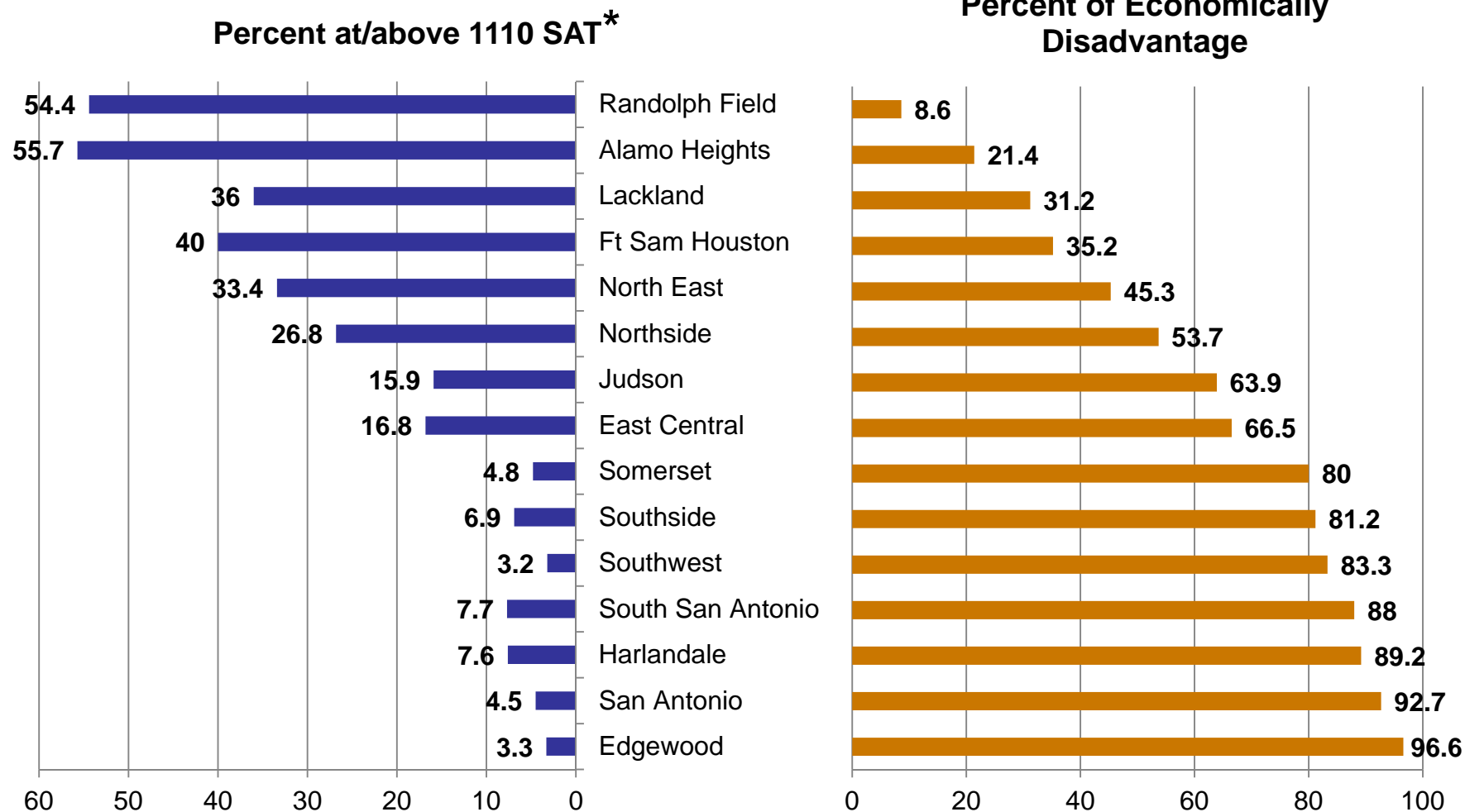
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Major Bexar County School Districts



Percent of Economically Disadvantage and Percent of SAT at/above 1110 Score by School District, 2012



Setting

- ▶ Harlandale ISD
 - ▶ Located in South Bexar County, Texas
 - ▶ 15,000 students
 - ▶ 97% Hispanic
 - ▶ 90% economically disadvantaged
 - ▶ Over half individuals 18 to 64 with no form of health insurance
- ▶ South Bexar County
 - ▶ High priority health risk profile



Engagement through Assessment

► Health System

- Site visit to Tarrant County ISD
- Health service capacity
- Coordination of care
- Partnership (UT Teen Health)
- Proximity to health clinics

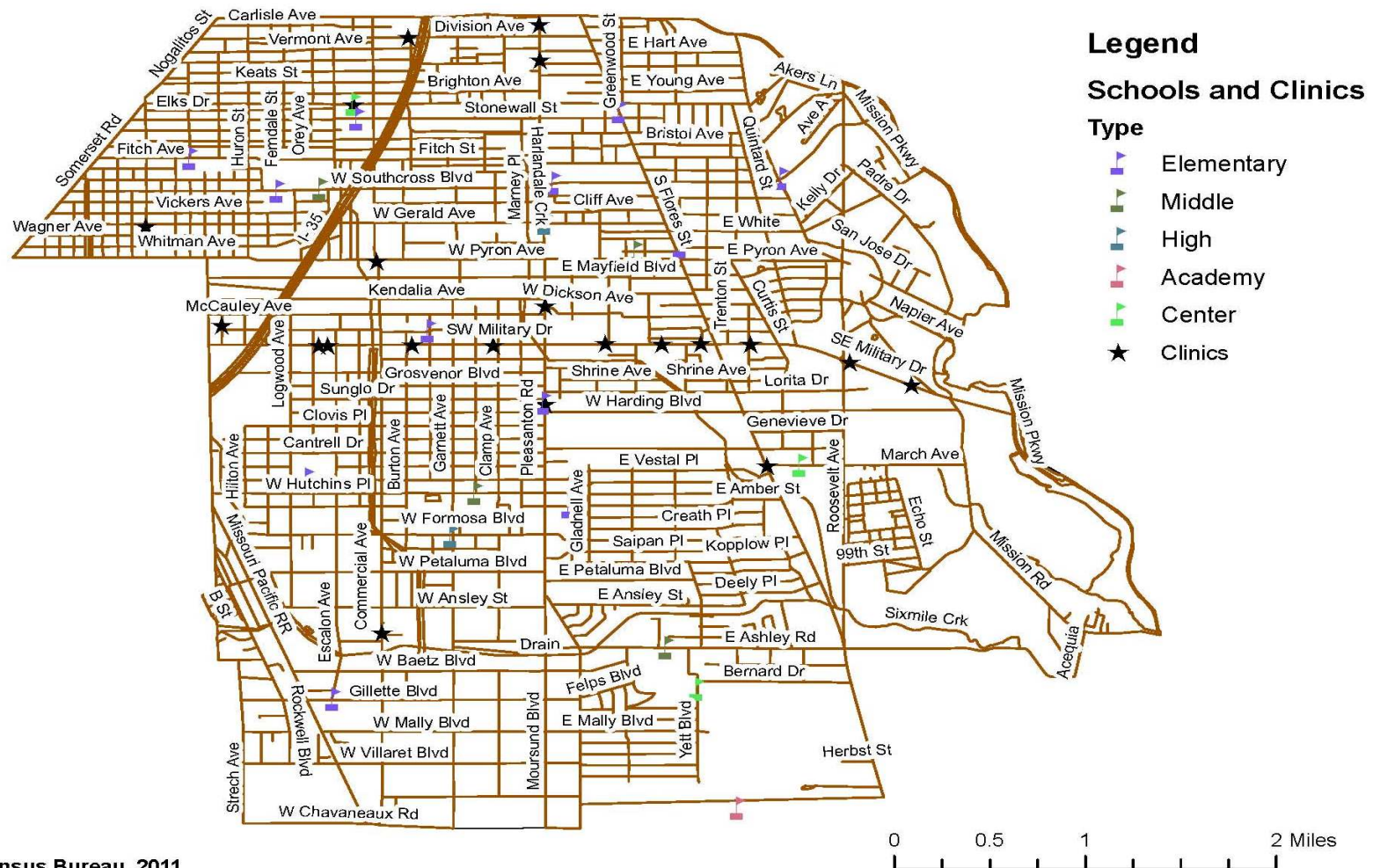


► School District

- Sessions helped to elicit health service needs
- Geographic “inventory” of health services
- Student characteristics
- Demographic analysis
- Public health needs



School Type and Clinic Locations, December 2012



Map Source: U.S. Census Bureau, 2011

Data Source: U.S. Census Bureau. (2012). 2011 TIGER/Lines Shapefiles for: Texas.

Retrieved December 21, 2012 from Harlandale Independent School District: <http://www.harlandale.net>

December 4, 2012 from U.S. Census Bureau: <http://www.census.gov/geo/maps-data/data/tiger-line.html>

Geospatial Mapping by S. Rafique, Project Coordinator
Quality and Outcomes-Ambulatory Services

Balancing competing priorities on road to implementation

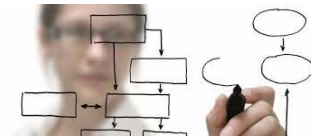
▶ Political

- ▶ Support by school and hospital board members



▶ Logistical

- ▶ Identifying existing infrastructure or existing space that would be geographically accessible or central



▶ Programmatic

- ▶ Plan and activities coincide with 1115 Medicaid Waiver reporting requirements and milestones



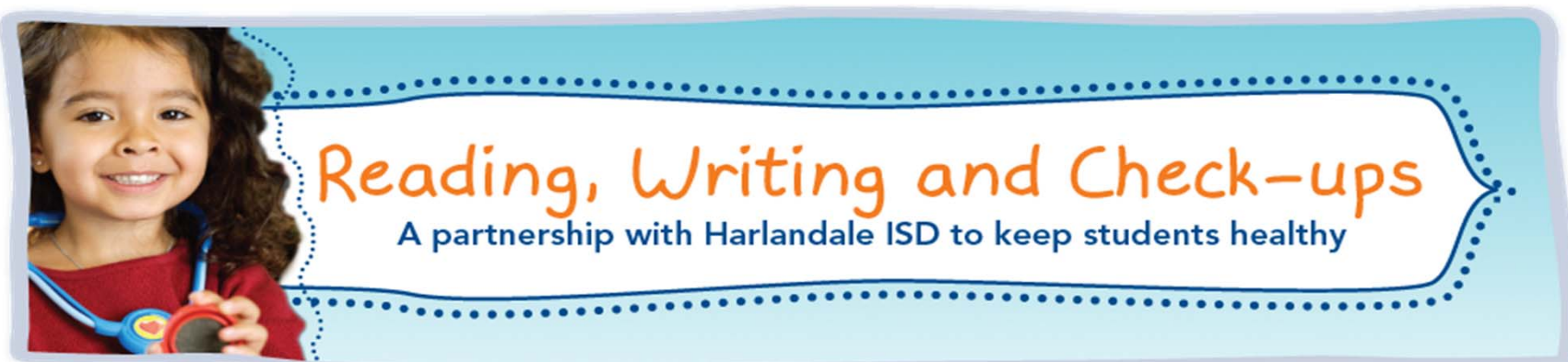
▶ Operational

- ▶ Ensuring negotiated timelines were maintained as well
System investment in stayed within pre-defined budget parameters



Enhancing Access to Care

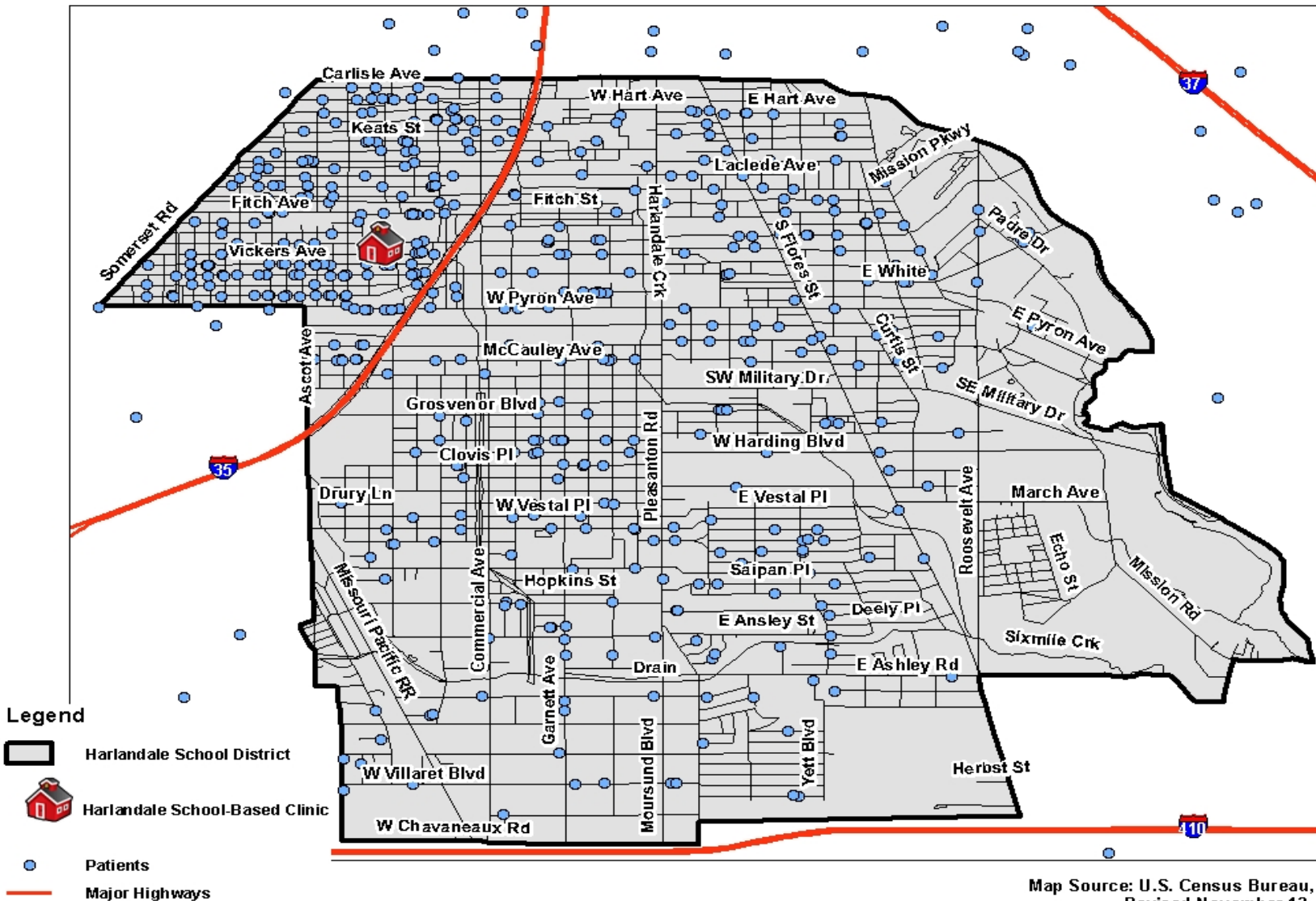
- ▶ **Opened August 2013 (Collier Elementary)**
 - ▶ Staffing Model: Primary Care (PNP, LVN, MA)
 - ▶ Monday-Thursday and largely coincides with school campus hours of operation
- ▶ **Activity (as of October 2014)**
 - ▶ 2,255 Visits – Immunizations (36%), Acute (45%) Well Child (12%) and Sports Physicals (7%)
 - ▶ Achieved 100% completion of minimum state requirement vaccines for Harlandale students



Enhancing Access to Care



Patient Place of Residence in Proximity to Harlandale SBHC



Quality Improvement

▶ 1115 Waiver

▶ **Clinical Quality Improvements** – includes outcome reporting and improvements in care that can be achieved within four years

- Percentage of patients 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.
- Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization
- Percentage of adolescents 13 years of age who had recommended immunizations by their 13th birthday.

Opportunities and Lessons

- ▶ Maintaining engagement by school district and visibility of services available in the community
- ▶ Staffing changes
- ▶ Adjustment in hours of operation
- ▶ Managing lower than expected activity
 - ▶ Partially due to managed care contracts
- ▶ Ability to adjust to competing demands and priorities

On the Horizon

- ▶ Mobile – *HealthyUExpress*
- ▶ Expansion into second ISD
- ▶ Expansion of services and reach
- ▶ Health Service Impact





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