

SBHC HB2445 Workgroup

Meeting # 1

Sept 23, 2013

Attendees by represented organization: OHA Public Health Division, OHA Medical Assistance Programs, OHA Oregon Health Policy and Research, Bethel School District, Virginia Garcia Health Center, Health Share CCO, Washington County Health and Human Services, FamilyCare CCO, Union County Public Health, Trillium CCO, Clackamas County Public Health, Multnomah County Health Dept, Outside In, Deschutes County Public Health, Pacific Source CCO, CHC Jackson County, Milwaukie HS, Columbia County Public Health, Klamath Open Door Family Practice, Oregon State Board of Nursing, Oregon School-Based Health Care Network, Komen Latina Initiative, Cascade Health Alliance.

Overview

Workgroup was convened to focus on the 3 areas regarding the relationship between SBHCs and CCOs. Workgroup will meet from now until the end of December, as a report needs to be generated to legislature by Dec 31st. Goals of the first meeting include discussion of: 1) coordination of care, 2) billing and reimbursement, 3) incentive funds.

Participant Documents: 1) Agenda 2) HB 2445 3) List of SBHC and medical sponsor (medical sponsor is entity that operates SBHCs and liability and owns medical records) 4) Fact sheet.

Discussion and Recurrent Themes

SBHC Role and Function:

- Our mission is to create system of care that supports school aged children; SBHCs are seen as part of the safety-net system as they serve many Medicaid children.
- We have certification standards for SBHCs that demonstrate an expectation around care coordination; SBHCs need to have referrals and a follow-up system, but details are fleshed out at the local level.
- SBHCs not required to become PCPCH recognized, but it is recommended that they align with PCPCH standards.
- SBHCs have different capabilities at the moment in regards to PCPCH recognition, and there is technical assistance incorporated into the new law to help them to become more standardized.

- The model has focus a of primary care services; many SBHCs are playing role of primary care provider for youth. Many times, there are youth choosing SBHC as primary care even if they have another provider.

Current status

- There is a lot of variety in the relationship between CCOs and SBHCs. Some of this is a product of the diversity in how CCOs are set up.
 - Some CCOs contract with different insurance entities that contract with providers
 - CCOs may or may not recognize SBHCs as primary care providers (PCPs).
 - This could be tied to communication, a lack of understanding on what SBHCs provide, or on the PCPCH status of the SBHCs
- There is a lack of capacity in billing and electronic health record (EHR)
- There may be provider competition for clients
- Metrics for CCOs should be more specific to population; SBHCs serve adolescents and there are few metrics for that population.
- SBHCs can help CCOs optimize PC from a systems standpoint. When there is a well-child screening at SBHC and screening indicates further care may be needed, CCO can strengthen communication and referral between PCP so that SBHCs are trusted to help get patients in so they can have their needs met.
- Can be siloed based on their medical sponsor.

Like relationship to be

- SBHCs recognized as valuable as youth medical homes.
- SBHCs not to be siloed and instead working with CCOs and community to make sure there is continuity of care.
- If a youth comes in and identifies SBHC as primary care provider, would like to see the SBHC reimbursed as PCP. Reimbursement is an issue.
- From a CCO standpoint, making sure that the medical sponsor is truly responsible for SBHC and is doing all the billing would be helpful.
- CCOs act more like sponsors for SBHCs. CCOs may be interested in collecting encounter data, that may be easier if it's a sponsorship relationship.
- Work towards the relationship focus being on coordination of care, and using the right person to provide that care.
- Not having care or reimbursement tied to the NP model.
- Clear role of SBHCs in community, which could change based on community needs.
- More communication between CCOs and providers.

- Coordination and information-sharing between CCOs and SBHCs
- Standardization of SBHCs
- Build trust between SBHCs and CCOs

Challenges or Barriers

- Huge variation across the state in SBHC and CCO relationships, SBHC PCPCH recognition, and contract relationships. Variation along with the lack of a concrete statewide policy makes it difficult for a State Program Office to move the model forward.
- Communication between CCOs and SBHCs has been lacking on SBHC needs.
- SBHCs need help determining how to categorize their care, e.g. who the SBHC is a PCP for, ancillary provider for, and who is carved out for confidential services.
- How to demonstrate role SBHC is playing in multiple children's lives.
- Creating a system that allows for billing and accounting for folks.
- Relationship between primary care providers in the community and SBHCs can be rocky, as there can be a perceived competition for clients.
- Varied capacity for billing and EHR, which impacts sustainability of the model, and ability for SBHC to meet PCPCH standards.
- SBHC may be recognized as a PCPCH but the provider within the SBHC may not be recognized as the PCP by a CCO. This may get in the way of patient care.
- Mixed understanding or misperceptions about quality of care in SBHCs, or that SBHCs are duplicating PCP services.
- Unclear benefits for SBHCs to become PCPCH.
- Unclear capacity of SBHCs to address mental health issues.

Next Steps and Next Meetings

Looking forward, there will be two more meetings. Theme of next meeting: coordination of care. There will be substantial time set aside to decide on incentive funds.