

SBHC Standards for Certification Review Workgroup

Meeting 4: January 12, 2016

Summary Notes

Attendees: Stefanie Murray (SPO), Kate O'Donnell (SPO), Melanie Potter (SPO), Lisa Stember (SPO), Karen Vian (SPO), Jessica Duke (OHA), Kristen Case (Multnomah), Jill Daniels (SBHC Consultant), Tamarra Harris (Deschutes), Lynnanne Hayes (Deschutes), Laurie Hoffman (OSBHA), Tricia Schroffner (Lane), Alisha Southwick (Umatilla), Elise Travertini (La Clinica), Jamie Zentner (Clackamas)

Introductions

- This is the fourth meeting of the workgroup. There will be a total of six meetings.

Review of Section C & D Revisions

Supporting documents: Workgroup 3 Notes, Section B-E Standards Edits, Continuity vs. Coordination, ORS 109.610, ORS 109.640, ORS 109.675, Minor Consent 2012

- C.1(b) and Table X: Still unclear that minimum hours are 15/week, but primary care is required for 10 hours and "additional hours" are required for 10 hours. Seems like 20.
 - Action: Add note on C.1(b) to clarify that the 10 PCP hours and the extra 10 medical professional hours can overlap as long as min (15) hours are met.
- C.3: Eligibility language edited to better reflect ORS. Now aligns with "Minor Consent" document. "Students" changed to "minors." Discussed potentially adding more wording around parental involvement law, confidentiality, and mental health services.
 - Action: Group decided to keep current wording, which focuses more narrowly on consent for services laws.
- C.4(a)(8) and (9): Language added to clarify definitions for continuity and coordination of care policies. Handouts provide some guidance on definitions from State PCPCH office, AHRQ, AAFP, etc.
 - Action: Add "between providers" to C.4(a)(8).

Discussion – Standards Sections D-E

Supporting documents: SPO Standards comments summary doc; Section B-E Standards Edits; 2016 Bright Futures Periodicity table

- Participants should keep in mind the following:
 1. What is working: How do current Standards help improve clinical practice? Can we advance requirements in current Standards?
 2. What are challenges: What is missing or needs clarification? Any barriers related to meeting these Standards?

Section D.4

- D.4(a): Distinct categories “On” and “Ref” are unclear. Currently for “On,” some sites are able to collect sample and perform diagnosis, but others just collect sample and send out to be processed. Example: HIV quick tests collected and processed onsite vs. tests collected onsite and sent for processing. Do both practices count as “Onsite”? Group felt distinction should be called out in Lab Requirements chart.
 - Action: Expand categories for D.4 to include “Point of Care,” “Collection,” and “Referral.” Define terms.
- D.4: Bright Futures (BF) guidelines underpin recommendations in Standards. SPO would like to more closely align Sections D & E with current BF guidelines. Discussed current chart classification of elementary, middle and high school age groups. BF groups school-aged youth as “Middle Childhood” and “Adolescence.”
 - Action: Change chart columns to match BF age grouping: Middle Childhood (5-10yrs) & Adolescent (11-21yrs). SBHC host schools serving these age groups would be expected to meet minimum standards for that age group.
- D.4: Group recommended lab/diagnostic service min level that should be available at certified SBHCs:
 - Urinalysis, Hgb, blood glucose & strep throat: Currently required Onsite, should be Point of Care for all ages.
 - Venipuncture: Group recommended taking off chart, as it’s method of obtaining sample, not diagnostic test. Venipuncture would be necessary for performing other tests listed on chart, so it’s duplicative.
 - PPD: SPO recommended changing to “tuberculosis,” as sites use multiple methods for testing for TB. State TB program recommended requiring onsite, but group recommended leaving as “Referral,” as some don’t have capability to provide onsite either at Point of Care or Collecting sample.
 - Pregnancy: Group recommended keeping as is - Middle: Ref; Adolescent: Point of Care. Leave footnote specifying type of test (UHGC).
 - STI: Group recommended keeping Middle as Ref; Adolescence could be specified as Collection (not Point of Care).
 - Pap smear: SPO, State Reproductive Health Program and group recommended removal from chart, as ACOG recommendations have changed to women aged 21+.
 - HIV: Group recommended keeping Middle as Ref; Adolescence specified as Collection (not Point of Care).
 - Wet Mount: Similar to venipuncture, group recommended taking off chart, as it may be duplicative of other tests (e.g., STI) listed on chart. Discussed that fungal infections also diagnosed via wet mount, but this is infrequent and sites may refer out for these tests. Sites may still provide tests beyond min requirements.

- Blood lead level: Group recommended keeping as is - Middle: Ref; Adolescent: Ref
- Imaging: Discussed if should be taken out of chart, like venipuncture or wet mount. Potentially could be important to link SBHCs to broader system of care. Group recommended removal from chart.
- Dyslipidemia screening: Not included in previous versions of Standards. Group recommended adding – Middle: Ref; Adolescent: Ref.
- Group recommended adding language either in D.4 or Standards Introduction clarifying that Standards were developed following BF recommendations, with reference to BF.

Section E.1

- Currently Section E (Comprehensive Services) comes after Section D (Laboratory). It seems like comprehensive services should come first.
 - Action: Move Section E before Section D.
- E.1(a): Similarly to Section D, age columns should be adjusted to align with BF guidance. Service categories should align as much as possible with BF, although some services currently required are not called out in BF.
 - Action: Change chart columns to match BF age grouping: Middle Childhood (5-10yrs) & Adolescent (11-21yrs). SBHC host schools serving these age groups would be expected to meet minimum standards for that age group.
- E.1(a): Group recommended comprehensive service min level that should be available at certified SBHCs:
- Primary Care chart:
 - Immunizations: On for all ages. VFC requirement added as new Section E.4, so remove duplicative footnote.
 - Medical case management: Part of standard of care, remove from chart
 - All others stay the same
- Screening chart (change to Measurement and Sensory Screening):
 - Scoliosis: No longer recommended, remove from chart
 - All other stay the same
- Dental Health chart (change to Oral Health):
 - All stay the same
- Pharmacy:
 - Group felt that capacity to write prescriptions is part of standard practice for providers in Oregon (including NPs) and is unnecessary to include in chart. Remove from chart.
- Preventive health services chart
 - Health assessment included in chart as part of Key Performance Measure (KPM) requirements. Update with definition of “health assessment.”
 - All other stay the same

- Behavioral health services chart:
 - Change individual behavioral health assessment to psychosocial/behavioral assessment to align with BF. On for all ages.
 - Depression screening is listed in BF and should be added to chart. On for all ages.
 - Alcohol and other drug screening should be added to chart. All SBHCs should have the capability to at least screen. On for all ages.
 - Alcohol and other drug assessment was added to chart after being removed from Section C.2(b). Referral for all ages.
 - Prescription for mental health conditions was added to chart after being removed from Section C.2(b). Referral for all ages.

Next Steps

- SPO will send out recommended changes and edits prior to the next meeting. We will pick up on the Reproductive Health Services chart (E.1) at the next meeting.