

## **SBHC Standards for Certification Review Workgroup**

**Meeting 6: February 23, 2016**

### **Summary Notes**

Attendees: Rosalyn Liu (SPO), Stefanie Murray (SPO), Kate O'Donnell (SPO), Melanie Potter (SPO), Lisa Stember (SPO), Jessica Duke (OHA), Steve Bardi (Multnomah), Kristin Case (Multnomah), Tamarra Harris (Deschutes), Lynnanne Hayes (Deschutes), Laurie Huffman (OSBHA), Tricia Schroffner (Lane), Alisha Southwick (Umatilla), Elise Travertini (Jackson)

### **Introductions**

- This is the sixth and last meeting of the workgroup.

### **Review of Section D-G Revisions**

*Supporting documents: Workgroup Meeting 5 Notes, CertificationStandards\_EDITS*

- B.1(g): SPO met with Stephanie Ringsage from the Oregon State Public Health Lab, who recommended adding language about the Medical Director being authorized provider to order lab tests. Suggested referencing ORS.
  - Action: Workgroup felt this was confusing and unnecessary. Recommended removing language.
- D.1(c): At Meeting 5, SPO proposed requiring “youth engagement” policy. Workgroup suggested this might be more appropriate in Section D. Language added that sites must have youth-centered environment “strategy.” Intentionally vague to accommodate different approaches (policies, YACs, etc.). SPO will provide guidance in Best Practices.
  - Action: Workgroup approved suggested changes.
- E.1(b)(2): OSPHL recommended keeping “point of care testing” language and didn’t feel definition was necessary.
  - Action: Workgroup approved suggested changes.
- E.5(b): OSPHL recommended removing language because not a CLIA requirement.
  - Action: Workgroup approved suggested changes.
- E.6(a)(1): OSPHL recommended adding “by authorized provider” to review of lab results protocols requirement.
  - Action: Workgroup approved suggested changes. Recommended adding ORS referenced from B.1(g).
- G.1(a): SPO proposed new language to clarify that only providers who are eligible to enroll must enroll with and bill OHP.
  - Action: Workgroup approved suggested changes.
- G.1(a) and (c): SPO changed “Medicaid” to “OHP.”
  - Action: Workgroup approved suggested changes.
- G.1(d): State Adolescent Health Policy Specialist recommended adding additional language related to HB 2758 – request confidential communications for private

insurance. References OARs. BP will provide recommendations for implementation. Discussed that some CCOs are sending EOBs for OHP clients. SBHCs are then not billing to ensure EOB doesn't go home. This practice would not be in conflict with G.1(a).

- Action: Workgroup approved suggested changes.

## **Reproductive Health Services**

*Supporting documents: CertificationStandards\_EDITS, RH Testing – Option 2, Contraceptives – Option 1, Contraceptives – Option 2*

- E.1 (reproductive health testing): At Meeting 5, discussed option to create one set of minimum services for all SBHCs. Currently, only discrepancy between age groups/schools is three RH testing requirements (HIV, STI, pregnancy testing). SPO surveyed SBHCs located only at elementary schools (11 SBHCs, 5 systems). 1-2 systems (5-6 SBHCs total) do not currently provide these services and may be impacted by changes. Other 3 systems (6 SBHCs) already provide RH services listed. If one unified set of requirements were made for all ages/schools, would be a policy change.
- Workgroup discussed what this would mean for their SBHCs. One system (representing 5 SBHCs that don't provide) concerned about community/parents, school/board, staff training, and usage of supplies/expiration/cost. Others shared examples of abuse cases, including among 10-12 year olds, coming to light because of ability to do STI/pregnancy testing at their elementary SBHCs. Discussed how this change might impact planning communities. Workgroup weighed pros/cons, discussed what would need to happen for SBHCs that don't currently provide these testing services. How can SPO support?
  - Action: Workgroup recommended E.1 chart be changed to create one unified set of requirements for all SBHCs. Change chart to require STI, pregnancy and HIV testing to be provided onsite.
- E.1 (contraception): At Meeting 5, discussed changing way contraception minimum standards are presented. SPO provided two options of how this could look. One would be no change, the other lists services as "onsite," but with footnote allowing communities to opt-out. This would not change current policy on contraception, but would "flip the narrative" on how this is presented.
- Change in language would not necessarily change policies, but may open opportunity for conversation with school board and community regarding this topic. Liked language stating contraception provision is "best practice." Some concern about how this presentation may impact planning communities.
  - Action: Workgroup recommended contraception services be changed to "onsite," with footnote to allow communities to opt-out of contraception service provision requirements.

## Discussion – Standards Section A

*Supporting documents: CertificationStandards\_EDITS*

- 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?
  
- SPO reviewed Section A with workgroup. Section outlines SPO program requirements related to certification. Also written into SPO's program rules. SPO only proposed minor changes to this section.
- A.2(a)(5)(iv): SPO proposed requiring all new SBHCs to attend an orientation to SBHC model/program after their application has been approved. SPO would provide this training either in-person or via webinar.
  - Action: Workgroup approved suggested changes.
- A.2(a)(8): SPO proposed moving notification of renewal status to January 1 from November 1.
  - Action: Workgroup approved suggested changes.
- A.3(a): SPO proposed creating separate section outlining certification application and program requirements for SBHCs transferring to new medical sponsorship. This has occurred several times since initial rules written. SPO would like to create structure to ensure new medical sponsors are meeting Standards and are familiar with model.
  - Action: Workgroup approved suggested changes.
- A.3(b): Creates structure for new sponsor to complete application process.
  - Action: Workgroup approved suggested changes.
- A.3(c): Clarifies that certification status effective immediately for sponsorship transfers, not during next certification year.
  - Action: Workgroup approved suggested changes.
- A.4(b)(3)(v): Clarified that onsite observation must be with two school-aged patients and that consent must be obtained from either patient or parent/guardian.
  - Action: Workgroup approved suggested changes.
- A.4(b)(3)(vi): Clarified that onsite visit must be conducted during business hours.
  - Action: Workgroup approved suggested changes.
- A.4(b)(7): Created language to clarify that site visit report may include action items, but these action items are separate from waiver process.
  - Action: Workgroup approved suggested changes.
- A.5(a): Clarified that timeframe is 20 calendar days.
  - Action: Workgroup approved suggested changes.

- A.5(e): Moved to A.5(g) to flow better.
  - Action: Workgroup approved suggested changes.

### **Best Practices:**

*Supporting documents: Best Practices Promises, Layout Examples 1-4*

- SPO meeting internally to discuss potential topics “Best Practices” document could cover. Not discussing content today. SPO requested workgroup feedback on how BP could be structured. Should it be separate document or embedded within Standards?
- Workgroup liked Layout 4 if the best practice part was separately bound in order to review them at the same time and avoid flipping to the back of one bound document. Group also like the colored symbols and replacing the (BP) on Layout 4 with color(ed) symbols to indicate that line item has a best practice suggestion.
- SPO will work to release BP document along similar timeframe as Standards. Idea that BP document is accompanying document to Standards, but is only recommendations, not requirements.

### **Next Steps**

- SPO will make edits from today’s discussion. SPO will share updated document with and without track changes – two documents – with the field. SPO will hold webinar on April 6<sup>th</sup> to explain large changes to the field. SPO will also put out a survey for the field to give feedback on proposed changes to the Standards.
- **SPO will ask workgroup to reconvene in May to review field feedback.** Kate will send out Doodle poll in spring to find best time for everyone.
- SPO will present final recommended changes to CLHO Healthy Families in May.
- SPO will initiate rules change process in summer/fall 2016, concluding in December 2016. Final (Word) version of Standards will go out to field in fall 2016.