

Montefiore Health System Developing Patient-Centered Medical Home Standards for School-based Health Centers



Montefiore Health System and the Bronx

Montefiore Health System (MHS, or Montefiore) is one of the largest and most innovative health systems in the United States. Based in the Bronx, New York, MHS operates 11 hospitals and nearly 50 primary care clinics in the New York City area. MHS's school-based health center (SBHC) program is the largest in the country, operating in 22 locations and serving 74 schools.

Providing preventive care and addressing the social determinants of health are especially important in the Bronx. Of the 62 counties in New York State, the Bronx ranks last with respect to health outcomes, according to [County Health Rankings](#). In addition, only [56 percent](#) of Bronx ninth graders graduate from high school in four years. This has [significant implications for health](#), as individuals with lower levels of education (relative to those with more education) are at increased risk of early death and high levels of smoking and being overweight. Forty-three percent of children 18 years or younger in the Bronx live in poverty, as compared with the state average of 23 percent, which makes paying for health care and other necessities [difficult](#).

Montefiore is dedicated to improving health and educational outcomes in the Bronx. As part of its requirement to complete a [community health needs assessment](#), MHS partnered with the New York City Department of Health and Mental Hygiene to conduct eight community meeting events. Community members identified high school graduation as one of the most important issues affecting the health of people living in the Bronx. Montefiore is also working to incorporate SBHCs into payment and delivery models, such as those authorized by the Affordable Care Act (ACA), dedicated to reducing costs and preventing hospitalizations.

Montefiore's SBHCs: Providing Clinical Care and Community Health Services and Creating Healthy Environments in Schools

Montefiore's SBHCs offer a wide range of primary care services, including preventive care, first aid, and management of chronic conditions. Most of Montefiore's SBHCs also provide mental health services such as individual counseling, preventive services, and healthy relationship counseling to address social and emotional health. Some SBHC locations provide dental care as well. Overall, MHS has identified [five priority areas](#) for its SBHCs: asthma management, nutrition counseling, physical activity, reproductive health services, and emotional health services and support. They address these priority areas by providing both clinical services and community health services.

SBHCs are Montefiore's largest provider of community health services. In addition to clinical care, SBHCs provide school-wide services to help address the five priority areas. For example, they conduct school-wide screenings for asthma and obesity and then follow up with individual students at risk. Along with treatment, SBHCs also conduct psychosocial assessments of students with asthma to determine what social and environmental factors may contribute

to asthma attacks. To help students manage obesity, SBHCs offer nutrition counseling and cooking classes to students and families. MHS is also working with the New York City Department of Public Health and Mental Hygiene and the New York City Department of Education on developing an evidence-based reproductive health curriculum for ninth graders.

SBHCs also create healthy environments in schools. To improve nutrition options in schools, a Montefiore SBHC first worked with its host school and cafeteria supplier to replace whole milk with low-fat milk. MHS then worked with the school district to have the change to low-fat milk take effect across the school district and then across all of New York City. To reduce asthma triggers and help students manage asthma, MHS is working with schools to find a way to keep school buses from idling next to school buildings.

Montefiore has been successful in improving health outcomes and keeping students in school. [MHS has found](#) that students in schools with SBHCs have half as many emergency department visits as children in schools without them. SBHCs in the Bronx have also helped to reduce hospitalizations among children with asthma and to [increase their school attendance](#). The ability to improve health through prevention enables SBHCs to make valuable contributions to Montefiore's health reform efforts.

SBHCs as a Vital Part of Montefiore's Health System and Health Reform Efforts

MHS views SBHCs as a critical part of the health system. Its SBHCs are primary care providers for some students, and for other students they provide care that other providers might miss, such as reproductive health services and mental health services. As students learn about the availability and convenience of SBHCs, more of them choose to receive care from the centers. In fact, by the end of the school year, Montefiore's SBHCs enrolled 80 percent of the students on the campuses they served and provided 80 percent of their health care visits. The ability to serve students and address gaps in the care they receive makes SBHCs valuable partners in Montefiore's implementation of ACA payment and delivery programs and other reforms.

Montefiore and its SBHCs coordinate the services that students receive by using electronic health records (EHRs). These records allow SBHCs to see treatments and diagnoses that students have received from other providers in the MHS system. EHRs also help Montefiore identify gaps in services needed by students and tailor SBHC services in response.

By providing a convenient source of preventive care, Montefiore's SBHCs have reduced the cost of treating students. Montefiore's cost evaluations have shown that the health system saves a moderate amount by treating students in SBHCs; outpatient costs have increased, but these increases have been offset by decreased hospital costs. While MHS operates in an urban area, it estimates that the cost savings of SBHCs are even higher in rural areas. These savings make SBHCs an attractive partner for health systems seeking to reduce costs by preventing expensive health conditions.

MHS may see only a moderate financial benefit from preventing hospitalizations, but receiving preventive care keeps students healthy and in school. Patients of SBHCs, particularly those with chronic conditions, have improved health outcomes. SBHCs also help their patients manage health conditions before they become serious. The benefits



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of SBHCs to students—staying healthy, staying in school, and graduating on time—are substantial.

Montefiore’s Development of PCMH Standards for SBHCs

The ACA encourages primary care providers to attain patient-centered medical home (PCMH) status. A PCMH is a primary care practice that provides its patients with access to 24-hour care that is coordinated with all of their health care providers. PCMHs use EHRs to track and improve the quality of the care they provide. As part of its health reform efforts, Montefiore has been working with the National Center for Quality Assurance (NCQA), which certifies PCMH providers, on developing PCMH standards specifically for SBHCs.

All PCMHs must meet standards for care quality, data collection, accessibility, and comprehensiveness of services. Attaining this status enables providers, including SBHCs, to qualify for increased payments. It also gives providers credibility in forming partnerships to work on health reform efforts. These factors—dedication to tracking and improving quality, increased payments, and the opportunity to take part in further health reforms—made Montefiore interested in the PCMH model for its school health centers. However, attaining PCMH status, even under SBHC-specific standards, can be difficult. Montefiore’s centers attempted to attain PCMH status by achieving non-SBHC-specific standards, but this effort was not successful.

Montefiore worked with other school health center sponsors and NCQA to develop PCMH standards specifically for SBHCs. These standards better match the capabilities of SBHCs and recognize their strengths and traditional roles while also challenging them to improve care and coordinate with other providers. They emphasize prevention rather than management of chronic conditions, and they focus population health strategies on all students in a school as opposed to all people in a hospital system with a particular chronic condition. SBHCs identify one of three levels of care they will offer each patient. They have the option of providing (1) comprehensive primary care, (2) care coordinated with a non-SBHC primary care provider, or (3) episodic care to patients who regularly see a non-SBHC primary care provider. To determine which level of service they provide a patient, centers can ask parents at enrollment what level of care they would like, they can ask students to identify gaps in services, or they can look at ways each student uses the services provided. Overall, there are 40 core criteria and 60 elective criteria for the new standards. The core criteria focus on co-

ordinating care with primary care providers and using EHRs. The elective criteria are aspirational goals for SBHCs.

Montefiore and NCQA have finalized the standards, which enable SBHCs to qualify for enhanced payments. Other states across the country also accept NCQA’s standards for PCMHs and may allow SBHCs that meet them to qualify for enhanced payments. Now that the standards have been approved, Montefiore’s SBHCs are working to attain PCMH certification.

SBHC Collaborations with ACOs and Community Service Providers

MHS is also interested in incorporating SBHCs into other health reforms. Montefiore is a national leader in developing the accountable care organization (ACO) model. ACOs are groups of providers, including primary care, mental health, and community service providers, that are dedicated to meeting the health care needs of a group of people at a set price. If they provide all needed care within the set price, they keep some of the savings. ACOs must meet quality measures to ensure that they do not skimp on care to save money. The ACA includes ACO programs, but private health insurers and hospital systems are also forming their own versions of ACOs.

Montefiore is interested in developing a pediatric ACO model that incorporates SBHCs. For SBHCs to successfully participate in ACOs, they have to overcome some challenges with this model of care. ACOs must provide services to a set group of individuals who receive their care from providers assigned to them by the ACO. Many of the students served by Montefiore’s SBHCs change schools often, which could lead to changes in health care providers. Even a small move, for example from one part of the Bronx to another, could result in a student changing schools. Making matters more complicated, the student’s first school may have an SBHC but the new school may not. If the student still has her assigned primary care provider as the first school’s SBHC, she would have to leave the school to receive primary care, just as she would for a traditional primary care provider. If the student finds another primary care provider instead of continuing to receive care at the SBHC, the ACO may lose a patient. Despite the challenges presented by payment and delivery reforms, MHS is well aware of the health and financial benefits of SBHCs, and it is working to develop an ACO model that can incorporate them.

Montefiore’s SBHCs often partner with community-based organizations on implementing programs and services in schools to address nonclinical needs. For example, to

encourage fitness and healthy eating, MHS supports community gardens and active recess, fresh fruit for school breakfasts, and cooking classes. These nonclinical services can benefit all students in a school and help SBHCs reach students who may need additional services. MHS's goal for its collaborations between SBHCs and community groups is to provide access to social and emotional health services for all students in a school. One way MHS is combining clinical health, public health, and community-based services is through having community health workers coordinate care and help students complete referrals and prescriptions. So far, this program is available only in MHS's federally

qualified health centers; however, Montefiore would like to expand the program and have health insurance pay for it.

Conclusion

Montefiore will continue to support its SBHCs as a way to improve the health of young people. Its codification of SBHC-specific PCMH standards will enable the school-based health centers it sponsors, and centers throughout the country, to take part in health reform and qualify for enhanced payments. Its efforts to develop a pediatric ACO mean that MHS will continue to be a leader in the school-based health field.

Montefiore Health System Developing Patient-centered Medical Home Standards for School-based Health Centers is one of a series of case studies featuring school-based health centers that have taken part in federal policy reforms, including the Affordable Care Act. In addition to increasing insurance coverage, federal health reform efforts have included programs to coordinate care offered by different providers and increase access to community preventive services and mental health services, among other initiatives. This series of case studies highlights the efforts of SBHCs and their sponsors to implement reforms to improve the health of the children and adolescents they serve. For more information about specific policies, see the companion pieces to these case studies, [Federal Policies and Opportunities for School-Based Health Centers: For Sponsors](#) and [For Policymakers](#).

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