The Oregon Health Authority and School-based Health Centers

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The Oregon Health Authority as a Leader in Health Reform

The state of Oregon has long been a leader in reforming its health system. In 2009, it created the Oregon Health Authority (OHA, or Health Authority) with a mission of "helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care." It manages many of the state's health programs, including Medicaid, public health, public employee benefit programs and school-based health centers (SBHCs). It also develops and implements health policies. These policies include service quality metrics for health care providers and development of new methods of paying for and delivering health services.

OHA currently provides funding to local agencies, including local health departments, federally qualified health centers, and community-based organizations, to operate school-based health centers. Overall, OHA helps fund 78 centers. In 2016-17, these SBHCs served 35,252 clients over the course of 114,380 visits. Forty-nine percent of clients were covered by Medicaid. One in four people served by OHA-funded SBHCs are younger than 5 years or older than 21 years. OHA also provides technical assistance and recommendations, issues grants, and sets standards for SBHCs. In addition, the Health Authority has been instrumental in developing standards that enable SBHCs to engage in health reforms taking place in the state.

Health Reform in Oregon

Oregon has dedicated itself to promoting widespread access to comprehensive primary care for Oregonians through patient-centered primary care homes (PCPCHs, or primary care homes), which are similar to the patient-centered medical homes included in the Affordable Care Act. PCPCHs must meet standards for quality, data collection, accessibility, and comprehensiveness. OHA's goal with the primary care home model is to lower costs by emphasizing prevention rather than treating serious conditions in a hospital.

As the PCPCH model was being finalized, Oregon also began working on a way to coordinate the efforts of multiple parts of the health system. The resulting coordinated care organizations (CCOs) are Oregon's version of the Affordable Care Act (ACA) accountable care organization model. CCOs are groups of providers that are responsible for the health of a group of Medicaid beneficiaries. CCOs contract with wide networks of primary care, mental/behavioral health and hospital service providers to deliver comprehensive preventive and acute care within a shared budget. The shared budget contributes to the CCOs' increased focus on prevention, providing care in the most efficient way possible and keeping people out of the hospital. To ensure that coordinated care organizations do not skimp on services to save money, they must meet quality metrics, some of which are relevant to SBHCs, such as providing adolescent well-care visits and child immunizations. Community groups and individual citizens serve on the board of each CCO to ensure that local health issues are prioritized.

Coordinated care organizations assign their patients to primary care homes, which at a member's request can include SBHCs. These primary care providers direct the care patients receive from other health system practitioners, such as mental health providers, physical therapists, and specialty physicians.

How Oregon's SBHCs Are Supporting Health Reform

OHA knew that SBHCs had valuable contributions to make to the health reform process. SBHCs can serve as

primary care homes by coordinating the care students receive from other providers while also offering primary care. SBHCs can also fill in gaps in other important types of care for youth and young adults, such as mental health and reproductive health services. Other parts of the health system can struggle to provide these services. Given their unique population health perspective, SBHCs are also well positioned to coordinate with school nurses and other school health providers to support school-wide health screenings and programs. While SBHCs may be eligible for system-wide provider incentive payments, CCOs currently do not provide any additional incentives for these population-level services. However, recent changes to spending rules mean that CCOs have greater flexibility to consider these types of population health approaches.

When state regulators and other representatives met to develop the primary care home model, local SBHC representatives joined the effort with the goal of ensuring that SBHCs could take part in new payment and delivery models. Relationship building was an important part of involving SBHCs in the development of the primary care home model. The Health Authority's school-based health team forged a strong relationship with the primary care home office by actively meeting with state PCPCH staff, providing feedback on suggested standards for the model and encouraging local SBHC sponsoring organizations to participate. These relationships enabled OHA to effectively represent the interests of SBHCs. They also allowed sponsors to become familiar with the PCPCH office. Strong relationships enable SBHCs to access help as they work to attain primary care home recognition, and they allow the Health Authority and the primary care home office to learn about the capabilities and needs of SBHCs.

SBHCs as Patient-Centered Primary Care Homes

To attain PCPCH status, a clinic must meet at least 11 service quality measures and submit 12 months of data to OHA. The service quality measures are designed to be achievable by most clinics without significant financial investment. They include continuous access to clinical advice via phone, quality tracking, mental health, substance use and developmental screening and referral, assignment to personal clinicians, written agreements with hospitals addressing communications and logistics of care transitions, availability of end-of-life planning, in-person or telephonic interpreters in the language of the patient's choice, and patient satisfaction surveys.

In 2013, the Health Authority considered requiring that all certified SBHCs work towards PCPCH recognition. After receiving feedback from SBHCs, the Health Authority decided that it would recommend but not require attainment of primary care home status. However, many SBHCs in Oregon were well positioned to seek primary care home recognition. Before the model was developed, the Health Authority was working with SBHCs on data collection and quality improvement. Despite some initial pushback, many SBHCs were tracking quality metrics and did not have to make a large number of changes to apply for and attain primary care home status.

Support from OHA Helps SBHCs Become Primary Care Homes

The Health Authority observed that SBHCs encountered some common challenges when applying for primary care home status. Completing application forms and implementing PCPCH reforms require substantial staff time and represent new challenges for SBHCs.

Oregon's PCPCH standards require written agreements between primary care homes and a hospital, which many SBHCs did not have. The Health Authority requires all primary care homes to develop a process for hospital admission, communication, sharing of medical records, and scheduling of post-hospitalization follow-up appointments. This was an unfamiliar role for most SBHCs, and they dedicated substantial staff time to writing these agreements.

Most SBHCs did not provide 24-hour access to a provider. SBHCs sponsored by larger health systems had an easier time meeting the 24-hour access requirement because they could set up a phone system for after-hour callers to another provider in the system. SBHCs that were part of smaller systems had a more difficult time finding a provider for after-hour referrals.

To help overcome these challenges, the Health Authority worked with SBHCs on implementing reforms. OHA issued grants to SBHCs to take part in health reform initiatives. Many recipients used them to hire staff to oversee the PCPCH application. Once the PCPCH standards were set, the Oregon School-Based Health Alliance hosted a one-day workshop for SBHCs to teach them about Oregon's health reforms. In addition to the workshop, OHA hosted regular work groups with centers and sponsors to help them in the transition process. The Health Authority then worked with individual SBHCs to help them align the work they were already doing with primary care home standards. For example, SBHC patient satisfaction surveys were adapted to include

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PCPCH Status Complements SBHCs' Traditional Role

Even though the ACA has increased access to health insurance, SBHCs still fill an important niche in the health system, that of convenient safety net provider for young people age 21 and under. In this role, SBHCs also provide public health services, such as helping in the development of healthy school environments and supporting school nurses and school health services staff to conduct school-wide health education campaigns. These services are not included in primary care home service quality measures. Although many students benefit from having SBHCs serve as their primary care home, others may not need them to provide this level of care. SBHCs must balance their new role as primary care home and their traditional role as safety net and provider of public health services. The Health Authority and SBHC partners are working with CCOs to better support SBHCs' financial sustainability in providing both clinical and public health services.

metrics required for PCPCH recognition. Overall, SBHCs in Oregon have been successful in attaining primary care home status. Of the 78 SBHCs funded by the Health Authority, 47 have qualified as primary care homes. And in 2017, two Oregon SBHCs were among the 33 clinics statewide awarded 5 Star PCPCH designation, which is the highest level available and requires demonstration of advanced PCPCH measures.

Focusing Upstream and Developing an Alternative Payment Model for SBHCs

Policymakers in Oregon have high hopes for health reform in the state. OHA is looking for ways to reform its health system to address and provide payments in areas that are not traditionally the function of health care providers, such as access to non-clinical health-related services. It encourages SBHCs, along with all other components of the health system, to address the social determinants of health. For example, in 2015 it issued grants to SBHCs to hire navigators to help students and their families access community services and resources outside of centers.

OHA has spent the last two years convening a work group of SBHCs, their sponsors, coordinated care organizations, and other partners to discuss developing an alternative payment model for SBHCs. Through the work group, the Health Authority would like to develop a payment model that enables SBHCs to receive payments from CCOs for addressing the social determinants of health. As part of this process, the Health Authority is educating coordinated care organizations about what SBHCs have to offer. For example, SBHCs in Oregon see more children of color, more children who speak English as a second language, and children who are more likely to use health care than other providers. Despite caring for these high-need populations, SBHC patients are often more likely to be meeting coordinated care organization metrics.

The Health Authority stresses, however, that coordinated care organizations are being tasked with a heavy workload. OHA recognizes that SBHCs can help coordinated care organizations provide care to young people age 21 and under. At the same time, the Health Authority is cautiously framing the issue of increased payments for SBHCs. Rather than saying "SBHCs are doing a lot and they need more money," the Health Authority is showing how centers offer value to coordinated care organizations by serving as a point of access for a difficult-to-reach population and another way to help CCOs meet metrics and improve population health.

Conclusion

With their embrace of new methods of delivering and paying for health care, Oregon's SBHCs can serve as an example for school-based health centers in other states. The ACA and private payers have supported models similar to primary care homes and coordinated care organizations across the country. State governments and SBHC sponsors can look to Oregon as an example of ways in which SBHCs are taking part in health reform initiatives.

The Oregon Health Authority and 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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