School Health Metrics Guidance

Purpose

This document is intended to assist in the selection of measures for your school health program. It is not an exhaustive list of metrics. Rather, it is a starting place for conversation and can help teams navigate the selection process. Organized into three sections, the document highlights considerations for the selection process, describes potential measures, and discusses next steps.

Measure Selection

Identifying metrics that capture the breadth and depth of your school health work is one of the most challenging tasks for school health partnerships. Not only does each partnership have unique needs, but the capabilities and resources can vary widely and impact what is collected, analyzed, and reported.

When considering what measures to select, identify what information or metrics are required by funders or government entities, what data aligns with district and healthcare provider priorities, and what would help tell your story. Wherever possible, align measures with existing resources or data sets such as the Uniform Data System (UDS) used by Federally Qualified Health Centers (FQHCs), the Healthcare Effectiveness Data and Information Set (HEDIS), or those outlined by state agencies such as the Ohio Department of Medicaid (ODM).



Graphic adapted from: Christensen, Jacquelyn et al. SBHC Policy Landscape: State and Federal Updates. Jun. 2023. PowerPoint Presentation.



As the team compiles a list of potential measures, consider the following questions to further your understanding of how these metrics might demonstrate the impact of your school health partnership.

- Feasibility
- What data can be reasonably collected? At what time intervals?
- Is the burden of collecting and analyzing the data proportional to or outweighed by the benefit to the program?
- Importance
 - Is the data relevant to or required by your program's stakeholders?
 - Does the data support organizational priorities?
 - Does it help you tell a compelling story? Internally? Externally?
- Sensitivity
 - Is the data telling you what you need to know?
 - How reliable is the data?
- Usability
 - What is the purpose for data collection? How will it be used to further the work of your school health partnership?
 - Can the data be analyzed and presented to stakeholders in a clear and compelling way?

Measures

This section highlights potential measures across four domains: utilization, health quality, education, and operations. In some categories, process and outcome measures have been identified.

As a reminder, process measures capture the activity or output of a program. In the healthcare context, process measures demonstrate what a medical provider does to maintain or improve a person's health. These measures typically reflect accepted recommendations for clinical practice. As an example, a healthcare provider overseeing a school-based asthma program would monitor the number of on-time medication refills for enrolled students.

Outcome measures, on the other hand, reflect the impact of the service. In the case of an asthma patient enrolled in a school-based program, this would be demonstrated by well-controlled asthma. Indicators include an Asthma Control Test (ACT) score of 19 or higher, a reduction in urgent care and/or emergency department visits, and a decrease in school absenteeism.

When your child needs a hospital, everything matters.

UTILIZATION

Process

Patients Served	
Description	The number of unique patients served by the school-based health center.
Calculation	# of unduplicated patients served
Why it Matters	This measure can help teams understand whether the school-based health center is generating enough volume to support operations.
Related Data Sets or Sources	UDS—Patient Profile
Patient Character	istics
Description	The number of unique patients served by age, gender, race, and ethnicity.
Calculation	# of unduplicated clients categorized by age, gender, race, and ethnicity
Why it Matters	School health is viewed as a health equity strategy, and this is an indicator of whether the intended target population is being served.
Related Data Sets or Sources	UDS—Demographic Characteristics
Insurance Coverage	ze Status
Description	The number of unique patients served by insurance status, including private, public (e.g., Medicaid, Medicare), and uninsured.
Calculation	# of unduplicated patients served by insurance coverage status (private, public, uninsured)
Why it Matters	School-based health centers serve as an access point for healthcare services. The mix of health insurance at a health center can provide insight into whether the provider organization is increasing patient access to comprehensive primary care. Additionally, tracking insurance status can help shape sustainability planning.
Related Data Sets or Sources	UDS—Selected Patient Characteristics



Patient Visits	
Description	The number of patient visits to the school-based health center.
Calculation	# of patient visits
Why it Matters	The number of visits can help providers understand volume and plan for services. Additionally, repeated visits are an indicator that patients view the school-based health center as their medical home and may be a metric providers want to track as another indicator of overall impact on community.
Related Data Sets	
or Sources	
Consents Received	
Description	The number of signed consent forms returned to the school-based health center.
Calculation	NUM: # of consent forms received DEN: # of students enrolled (e.g., building or district)
Why it Matters	This measure can help school-based teams understand whether students and families are aware of the health center and the services it provides. It reflects the degree of engagement within the community.
Related Data Sets or Sources	

UTILIZATION

Outcomes

New Patients Served	
Description	The number of new, unique patients served by the school-based health center.
Calculation	NUM: # of new, unduplicated clients served DEN: # of existing, unduplicated clients served
Why it Matters	This is an indicator of the health center's reach and growth—especially when viewed over time.
Related Data Sets or Sources	



Student Reach	
Description	The ratio of students seen at the school-based health center to the school and/ or district's total population.
Calculation Why it Matters	NUM: # of students with one or more visits to the health center DEN: # of students enrolled in a specific building and/or district-wide
<i>wny ti 1414ters</i>	This metric demonstrates the extent to which the health center is reaching stu- dents within the building in which it is located and/or the larger district.
Related Data Sets or Sources	
School District Re	ach
Description	The ratio of patients served with a connection to the school district to the patients served from the community.
Calculation	NUM: # of patients with ties to the school district—e.g., a student, family member, or staff—served by the school-based health center DEN: # of patients not affiliated with the school district to be served by the school-based health center
Why it Matters	This demonstrates whether the health center is reaching its intended target audience—students, staff, and their families.
Related Data Sets or Sources	—
Visit Type	
Description	The number of unique visits to the school-based health center by type, including well-care, acute care, immunization-only, primary care mental health and specialty care visits.
Calculation	NUM: # of well, acute, immunization-only, and specialty care visits DEN: # of patient visits
Why it Matters	This is an indicator of the kind of care being provided to students, family, and staff.
Related Data Sets or Sources	



HEALTH QUALITY

Process

Child and Adolescent Well-Care Visits	
Description	The percentage of all patients 3 to 21 years of age, regardless of insurance sta- tus, who received one or more well-care visits with a primary care practitioner in the measurement year.
Calculation	NUM: # of unduplicated patients with a well-care visit DEN: # of unduplicated patients with a visit of any kind and who were not up to date on their well-care
Why it Matters	Well-care visits provide a chance for providers to influence health and development and they are an opportunity for screening and counseling.
Related Data Sets or Sources	HEDIS—Utilization Ohio CPC for Kids Clinical Quality Metric (Medicaid Only)
Immunizations fo	r Adolescents
Description	The percentage of adolescents 13 years of age who had one dose of meningo- coccal vaccine, one Tdap vaccine, and the complete human papillomavirus vaccine series by their 13th birthday.
Calculation	NUM: # of unduplicated patients who are fully immunized by age 13 DEN: # of unduplicated patients who are 13 at the end of the year
Why it Matters	Receiving recommended vaccinations is the best defense against vaccine-pre- ventable diseases.
Related Data Sets or Sources	HEDIS—Effectiveness of Care Measures UDS—Quality of Care Measures Ohio CPC for Kids Clinical Quality Metric (Medicaid Only)

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W1175020 04/2024 School Health Metrics

ADHD Diagnosis	
Description	The percentage of students evaluated for ADHD at the health center whose teacher has returned a diagnostic tool (e.g., Vanderbilt) compared to the students evaluated for ADHD at an outpatient clinic whose teacher has returned a diagnostic tool (e.g., Vanderbilt).
Calculation	% of students evaluated for ADHD at the health center who had an ADHD diagnostic tool (e.g., Vanderbilt) returned by a teacher Vs. % of students evaluated for ADHD at an outpatient practice who had an ADHD diagnostic tool (e.g., Vanderbilt) returned by a teacher
Why it Matters	In order to provide a more complete picture for diagnosis, it is essential for patients to be observed at different times of the day, in different settings, under varying levels of structure. SBHCs increase the likelihood that teacher surveys are returned to the healthcare provider.
Related Data Sets	—
or Sources	
or sources	
Alcohol, Tobacco,	and Other Drug Use (ATOD)
Alcohol, Tobacco, Description	and Other Drug Use (ATOD) The percentage of patients engaged in alcohol, tobacco, and other drug use cessation activities.
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Alcohol, Tobacco, Description Calculation Why it Matters	 and Other Drug Use (ATOD) The percentage of patients engaged in alcohol, tobacco, and other drug use cessation activities. NUM: # of patients that have successfully enrolled in cessation activities DEN: # of patients who are users of alcohol, tobacco, or other drugs that have received charted advice to quit According to SAMHSA, 20.8 million people 12 years of age and older were classified as having a substance use disorder (SUD) in 2015. Of this number, only 3.5 million received any treatment.
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Screening for Depression and Follow-Up		
Description	The percentage of patients 12 years of age and older screened for depression using an age-appropriate, standardized tool and, if it is positive, a follow-up plan is documented.	
Calculation	NUM: # of students 12+ screened for depression with a follow-up plan DEN: # of students 12+ served by the health center with a well child check	
Why it Matters	Access to behavioral health services is limited. Screening for and treating for depression in the primary care setting increases the likelihood issues are identified early while also providing for continuity of care.	
Related Data Sets or Sources	HEDIS—Measures Reported Using Electronic Clinical Data Systems UDS—Quality of Care Measures	
Risk Assessment S	creening and Follow-Up	
Description	The number of unduplicated patients to receive an age-appropriate risk assessment during the school year.	
Calculation	NUM : # of unduplicated patients to have an age-appropriate risk assessment DEN : # of unduplicated patients to visit the health center and receive a well-child check	
Why it Matters	Healthcare providers have a unique opportunity to assess the health and developmental trajectory of patients over time.	
Related Data Sets or Sources	AAP—Bright Futures	



HEALTH QUALITY

Outcomes

Sexually Transmitted Infection Diagnosis and Treatment	
Description	The percentage of patients diagnosed with a sexually transmitted infection and receiving treatment.
Calculation	NUM: # of sexually active patients 12-18 diagnosed and treated for an STI DEN: # of sexually active patients 12-18 screened for an STI
Why it Matters	Untreated infections can lead to serious and sometimes irreversible complications.
Related Data Sets	HEDIS—Effectiveness of Care
or Sources	UDS—Selected Diagnoses and Services Rendered
ADHD Managem	ent/Treatment
Description	The percentage of students prescribed medication to treat ADHD that are compliant with their treatment plan
	NUM: # of patients who are on medication for ADHD that routinely fill
Calculation	prescription on time.
	DEN: # of health center patients prescribed medication for ADHD
Why it Matters	ADHD is one of the most common mental disorders affecting children. When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration.
Related Data Sets	
or Sources	HEDIS—Measures Reported Using Electronic Clinical Data Systems
	UDS—Selected Diagnoses and Services Kendered



Alcohol, Tobacco,	and Other Drug Use (ATOD)
Description	The percentage of patients engaged in alcohol, tobacco, and other drug use cessation activities.
Calculation	NUM: # of patients that report a reduction in alcohol, tobacco, or other drug use 6 months and 1 year after the initial visit DEN: # of patients who are users of alcohol, tobacco, or other drugs that have received charted advice to quit
Why it Matters	Treatment combined with counseling or other behavioral therapies has been shown to reduce morbidity and mortality, improve health productivity and social outcomes, and reduce health care spending. Despite strong evidence, SAMHSA reports that less than 20% of individuals with substance use disorders receive treatment.
Related Data Sets	HEDIS—Utilization
or Sources	UDS—Selected Diagnoses and Services Rendered
Asthma Managem	ent and Treatment
Description	The percentage of students diagnosed with asthma and is considered under control.
Calculation	NUM: # of patients whose asthma is well-controlled demonstrated by the Asthma Control Test and/or reduction in emergency room, urgent care, or inpatient utilization DEN: # of health center patients diagnosed with asthma
Why it Matters	Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions and missed days of work or school.
Related Data Sets or Sources	HEDIS—Effectiveness of Care UDS—Selected Diagnoses and Services Rendered



Diabetes Management and Treatment	
Description	The percentage of students diagnosed with diabetes and considered under control.
Calculation	NUM: # of patients whose diabetes is well-controlled demonstrated by A1C and/or emergency room, urgent care, or inpatient utilization DEN: # of health center patients diagnosed with diabetes
Why it Matters	Left untreated or not controlled, diabetes can lead to long-term health complications.
Related Data Sets or Sources	HEDIS—Effectiveness of Care UDS—Selected Diagnoses and Services Rendered

EDUCATION

Process

Patient Dispositio	n
Description	The number of students who return to class, are sent home, or are referred to a higher level of care (e.g., the Emergency Department).
Calculation	NUM: # of visits resulting in a return to class, sent home, or referred to additional care DEN: # of student visits
Why it Matters	Keeping students in school can ensure critical instruction time is not missed.
Related Data Sets or Sources	—
Patient Visit Time	(Missed Seat Time)
Description	The amount of time a patient spends at a school-based health center during a visit.
Calculation	The total amount of time a patient spends inside the clinic, from check-in to check-out.
Why it Matters	Frequently students miss a half day of school for each outside medical appointment. Patients treated via school-based health centers should experience a significant reduction in out of school time compared to those that seek care outside of school.
Related Data Sets	
or Sources	
	[Continued]



W1175020 04/2024 School Health Metrics

EDUCATION

Outcomes

Chronic Absentee	ism – Whole School Population
Description	The percentage of students missing 10% or more of the school year's attendance hours for any reason—excused, medically excused, unexcused, or because of suspension—before and after the launch of a school-based health center.
Calculation	NUM: # of students who miss 10% or more days of school in the school building or district DEN: # of students enrolled in the school building or district
	*Measure the percentage of students chronically absent at a set point in time prior to and after the launch of the school-based health center.
Why it Matters	Studies consistently show the influence of regular attendance on core school metrics such as math and reading proficiency and graduating from high school.
Related Data Sets or Sources	ODE—Healthy Student Profiles; School Report Cards
Chronic Absentee	ism – Patient-Only Population
Description	The percentage of school-based health center patients missing 10% or more of the school year's attendance hours for any reason—excused, medically excused, unexcused, or because of suspension.
Calculation	NUM: # of patients who miss 10% or more days of school enrolled in the school building or district* DEN: # of students who miss 10% or more days of school enrolled in the school building or district
Why it Matters	Studies consistently show the influence of regular attendance on core school metrics such as math and reading proficiency and graduating from high school.
Related Data Sets or Sources	ODE—Healthy Student Profiles; School Report Cards
	*This will require individual student attendance data from the school district (partnership with healthcare provider essential).

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W1175020 04/2024 School Health Metrics

Disciplinary Actions		
Description	Reduction in disciplinary actions for students who are receiving treatment for behavioral health conditions	
Calculation	NUM : # of disciplinary actions for students with behavioral health conditions after the SBHC and/or BH Clinician assumes management of their condition DEN : # of disciplinary actions for students with behavioral health conditions before the SBHC and/or BH Clinician assumes management of their condition	
Why it Matters	Research suggests that disciplinary actions within the school setting can be potentially harmful to student well-being in the short-term and academic achievement in the long run.	
Related Data Sets	ODE—Healthy Student Profiles; School Report Cards	
or Sources		
Staff Time Off		
Description	The ratio of time off requested by staff using the health center to staff who do not	
Calculation	NUM : The total amount of time off requested by staff who utilize the health center DEN : The total amount of time off requested by staff	
Why it Matters	Staff and teacher absence has been shown to influence student progress and achievement. School-based health centers offer an opportunity to reduce time away from school.	
Related Data Sets or Sources		



OPERATIONS

Process

Patients per Productive Hour		
Description	The number of patients seen by a school-based provider for every hour he or she is on-site providing clinical services.	
Calculation	NUM: # of billable visits DEN: # of productive hours	
Why it Matters	This can help school-based teams understand whether the number of visits will be enough to support ongoing operations.	
Related Data Sets or Sources		

OPERATIONS

Outcomes

Operating Margin		
Description	The amount of revenue available to cover operating expenses.	
Calculation	The amount of revenue minus the amount of expenses	
Why it Matters	This is an indicator of cost effectiveness and whether the health center is generating the revenues needed to support ongoing operations.	
Related Data Sets or Sources		



Downstream Revenue		
Description	The revenue generated by referrals from the school-based health center to a health system's laboratory, imaging, radiology, and specialty care services.	
Calculation	The total amount of revenue generated across all referrals to services within a health system.	
Why it Matters	Primary care services are essential to a patient's overall health by providing timely, preventative care. Additionally, primary care is a connection point to a larger set of services offered by a health system.	
Related Data Sets or Sources	—	
Revenue Mix		
Description	The percentage mix of income per source	
Calculation	NUM : The amount of funding by source, including individual contributions, grants and contracts, patient services, and other. DEN : The total revenue received	
Why it Matters	School-based health centers are not typical outpatient clinics and, in some cases, require a multitude of funding sources to sustain operations long-term. Having a clear picture of how revenue is distributed highlights areas for growth.	

Next Steps

After you have consulted stakeholders about potential measurements, a plan needs to be identified. Answer the following questions:

- How will data be collected and by whom?
- When will data be collected and reported?
- How will the data be used?



Finally, remember this is an iterative process. Be sure to build your processes and systems in such a way that allows the team to assess the data elements and collection processes as the work unfolds. As your program evolves, you should consider how data could help highlight the impacts at the intersection of health and education, better target services to clients with unmet needs, or accelerate your health center's growth.

This might involve exploring attendance rates for subsets of your patient population, including students with chronic diseases or students who are excluded from school because of vaccine compliance. Or perhaps you want to understand how services and health outcomes compare to a similar population served by a traditional outpatient clinic. Examples include evaluating whether patients treated for a sexually transmitted infection are more likely to have a partner evaluated and treated or if patients are more likely to receive optional vaccines.

A final opportunity might be leveraging a relationship with an accountable care or managed care organization to demonstrate how a school-based health center can help increase compliance with age-appropriate clinical guidance such as immunizations or other essential preventative care (e.g., well-care checks) among Medicaid members. This work could be evaluated using data provided by an ACO or MCO, or comparing rates captured in the Ohio Department of Education and Workforce's Healthy Student Profiles.

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