On-Site Clinic

Description

- Fixed clinic site on a school campus
- In-person care, delivered by provider
- Dedicated, locked space (not shared)
- Equipment available in clinic space to reduce need for follow up care offsite
- Courier service may need to be leveraged for labs, biohazard waste, pharmacy support
- Providers embedded in school culture, mission driven roll-up your sleeves staff
- Generally lean staffing models (APN paired with LPN or MA)
- Utilizes an electronic medical record
- Typically, consent forms include release of information clause to allow sharing of relevant info (e.g., school nurse and provider can discuss health needs of individual students)
- Parents are not required to attend appointment in-person, though welcome
- Providers engage parents before/after appointment and send home After Visit Summaries detailing care provided and necessary follow up (if required)

Ideal

- Inside high school with 700+ students
- Exterior entrance
- Located in close proximity to main office and school nurse
- Students from other buildings can either walk to the clinic from their respective buildings (i.e., school buildings are on the same campus) or a transportation system is embedded to transport students from other school buildings to the clinic
- Small waiting room
- Private bathroom located with suite/space
- Linked with pharmacy delivery service
- More than one exam room
- Dedicated space for patients/provider to connect with telehealth specialty care

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On-Site Clinic Model

Scope

Comprehensive Care (Primary Care, Dental Care, Vision Care)

- Example - Primary Care:
  - Well Care
  - Acute visits - Point of Care Equipment
  - Vaccine (including VFC)
  - Risk Assessments
  - Access to onsite medications
  - Chronic Disease Management
  - Primary Care Mental Health
  - Teen Health
  - Labs
  - Minor Procedures
- Linked to a broader system of care for evening and weekend access to care
- Accepts Medicaid and has financial assistance for those without insurance
- Provides support/PD for school nursing a can serve as a back-up for school nurses in a pinch

Supporting Rationale (Why pick this model?)

- Data demonstrates unmet healthcare needs:
  - Low compliance with preventative healthcare:
    - Well child rate overall, adolescent well child rate specifically
    - Low compliance with vaccine (required and optional)
  - Primary healthcare utilization for students is predominately in ED or Urgent Care
  - High rate of STI infection and/or teen pregnancy
  - Chronic condition management among children/adolescents in the region is poor
- Lacking pediatric Primary Care within region
- Existing Primary Care providers in the area have capacity cap on Medicaid patients and/or do not participate in Vaccine For Children program
- School Nurse endorses unmet needs:
  - Lacking follow through on school nurse referrals for follow up care (e.g. injuries, work physical permits, sick care)
  - Significant vaccine exclusions
  - Students with chronic disease poorly managed
  - Students unable to attend medication management appointments (e.g. appointments to maintain medication for ADHD)
  - Students struggling with access for mental healthcare
  - Lacking collaboration with area providers
- High rate of absenteeism
- Location of the clinic is accessible
  - Large number of students in building where clinic resides
  - Students from other buildings can access clinic via walking or leveraging inter-district transportation; Coaches/parents willing to transport

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Opportunities

- Fixed site clinic could be used by multiple providers (e.g. dental, sports medicine providers, rotating specialty care service)
- Can be leveraged to support telehealth specialty care (e.g. take vitals, assist in visit facilitation, provide follow care per specialty care order)
- Can serve as a medical home for children, teachers and community members
- Maximizes student attendance (called to clinic at time of appointment and returns to class immediately following appointment)
- Lends itself to provide routine follow up care for a typically hard-to-reach patient population

Challenges

- Identification of space within existing building can be difficult, however creative options can be explored
- Shared space needs clear communication around school closures: breaks, snow days, summer construction, etc.
- May need to discuss security for after-hours/weekends
- Expenses associated with space conversion or building a new space on campus
- Will likely require some remote service arrangement (e.g. lab, biohazard waste disposal, pharmacy)
- Requires outreach and clear communication to help traditionally hard to reach families understand the scope and how to access

General Considerations

- Shared financial burden
- Co-branding
- Shared communication strategy
- Transparency related to other providers on-site
- Define school nurse interaction (not a replacement for school nursing unless staffed purposefully to provide both school nursing and Primary Care)

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Additional Behavioral Health Specific Considerations

- In the on-site model, the BH clinician is based at the school and integrated into the school team
- Ideally the BH office is located in the school-based health center to promote collaboration, coordination, and integration. The alternative is to be located in proximity to the school counselors, social workers, and/or nurses (i.e., student support team)
- There may only be one school-based health center in the district, but there could be a BH clinician/therapist in every building. In these situations, it is best to continue to coordinate care with the school-based health center whenever possible
- Crisis management is more effective when BH clinician is located on-site
- This model lends itself to increased family engagement with schools, offering a student- and family-centered approach
- BH clinicians in these arrangements have an increased appreciation for school culture and climate and their impact on well-being
- While majority of the care is provided at the school, clinicians may also provide services in other settings as needed (e.g. home, community)
- May include a telehealth aspect

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