School-Linked Clinics

Description

- Pre-existing, fixed clinic site located near a school campus
- In-person care, delivered by provider (patients may be more likely to receive care from a variety of providers rather than one dedicated provider)
- Equipment available in clinic space to reduce need for follow up care at another location
- Utilizes an electronic medical record
- In some cases, school-linked clinics reserve appointments for students that attend school in participating school district(s)
- In most cases, school provides transportation to and from school-linked clinic. Permission to transport students is embedded into consent form
- Care tends not to be as coordinated with school nurse compared to coordination with on-site clinics; however, with intentional planning this could be overcome
- Parents may be required to attend appointment in-person, though flexible arrangements can be pursued

Ideal

- Located in close proximity to school district buildings
- Flexible, daily transportation system is available to transport students with prescheduled needs (well visits) as well as for students with unexpected needs each day (sick visits)
- 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)
- Designate a care team within the clinic that is dedicated to care for the patients participating in the school-linked program(s)
- Clinic staff attend school events and participate in outreach to develop relationships and build trust with potential patients and families
- Co-branding is used to make clinic feel like a part of the school community (e.g. both logos on all forms and marketing materials, decorate exam rooms with school logos/flags/pictures of students)

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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

Supporting Rationale (Why pick this model?)

- Number of students within district is low and therefore would not support an on-site SBHC
- Unable to identify a partner willing to establish an on-site clinic
- Unable to identify a location for an on-site clinic
- Unable to identify funding for an on-site clinic
- Cannot identify a strategy to leverage a courier service to process labs and biohazard waste
- 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

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Opportunities

- Can serve as a medical home for children, teachers and community members
- More control over schedule, operates like traditional medical home model, supplementing student visits with community members
- Space is under complete oversight of the clinic provider, does not follow school schedule

Challenges

- This model can be a barrier when trying to provide care for hard-to-reach populations:
  - Providers do not have the same opportunity to build relationships with students and staff. Providers typically accountable for seeing a higher volume of patients in these settings and cannot differentiate which patients are associated with the school-linked program vs not
  - Transportation and access is not as easy as a clinic available at the school
  - Increased missed class time due to travel time + wait time in a busy clinic
- Appointments reserved for school partner's students are not always used. It can be difficult to fill these appointments last minute. Unused appointments can compromise the business model for the provider and it may limit appointment availability for the larger patient panel (i.e. if appointments reserved for students in the school-linked program are not used, those are also appointments that were not made available to the larger patient panel which may create delays)
- Sharing space with specialty providers and supporting telehealth initiatives is not as easy (may not be possible at all) in these clinics compared to those located in a school
- Requires outreach and clear communication to help traditionally hard to reach families understand the scope and how to access
- These clinics can sometimes revert to traditional medical home models that serve patients and families that are easily able to access the clinic and therefore drop the school-linked services over time

Considerations

- Co-branding
- Shared communication strategy
- Develop a plan for students that are connected with another medical home
- Define school nurse interaction

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Additional Behavioral Health Specific Considerations

- When a BH clinician does not provide services on-site at the school, they may not be aware of, or appreciate, the impact of the school climate and culture on a student to the same extent as an on-site clinician
- When linked to a school, but not practicing on-site, crisis management and timely response may be negatively impacted
- Coordinating care with school personnel and other healthcare providers on-site is still possible, but will likely require more effort to be effective

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