



Opportunities for School-Based Health in Health Care Reform

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Objectives

1. Understand changes and opportunities in California's health care system and the impact on school health
2. Learn about the strategies and projects CSHA is developing to engage health payers

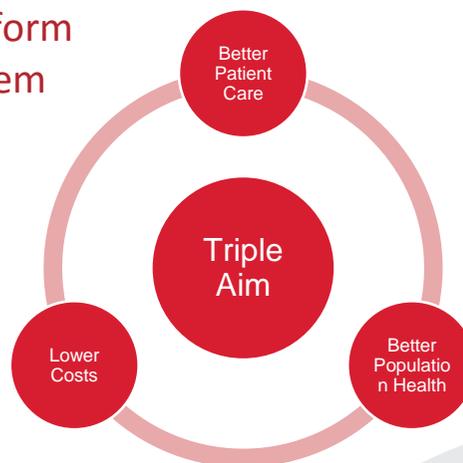


Agenda

- Health Care Reform - Big Picture Refresh
- Opportunities and Models for Health System Transformation
 - Accountable Communities for Health
 - Hospital Community Benefit
- Managed Care
 - California's Managed Care 101
 - Pilot Projects: Kern, Alameda, Kaiser, North Coast
- Questions & Discussion

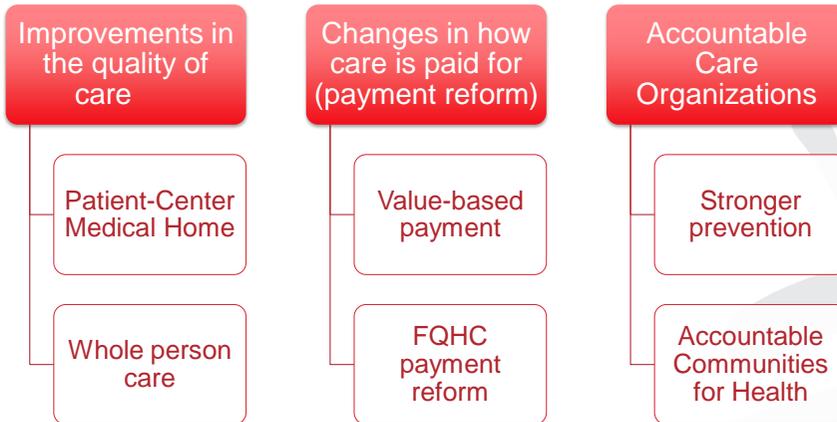


Health Care Reform & Delivery System Transformation





Health Care Reform



Accountable Communities for Health

An **Accountable Community for Health** is a multipayer, multi-sector alliance of major health care systems, providers, and health plans, along with public health, key community and social services organizations, schools, and other partners serving a particular geographic area.

An ACH is responsible for improving the health of the entire community, with particular attention to achieving greater health equity among its residents.



Accountable Communities for Health

Areas must select a health issue to focus on:
(some examples)

Health Need	Chronic Condition	Community Condition	Set of Conditions
<ul style="list-style-type: none"> • Tobacco Use • Obesity 	<ul style="list-style-type: none"> • Diabetes • Asthma • Depression 	<ul style="list-style-type: none"> • Community and Family Violence • Lead 	<ul style="list-style-type: none"> • Cardiovascular disease + diabetes • Air quality + asthma • Diabetes + depression



What you can do

If your region is awarded an ACH grant:

Awarded regions must include stakeholder input throughout the planning process

- Find out how to get involved and provide input

Find out what the ACH is focusing on

- Provide information about how schools and/or SBHCs are critical partners in addressing the focus area

Reach out to the applicant or backbone organization

- Participate as part of the community collaborative governing the ACH

Even if you're not in an awarded area, reach out to other partners interested in the model



Hospital Community Benefit

- Affordable Care Act created new requirements for non-profit hospitals to give back to their communities through “community benefit.”
- Nonprofit hospitals must report how they fulfill this requirement to the IRS.
- There is no specific requirement about how much they must give back.



What counts as community benefit?

Programs or activities that:

- Improve Access to Health Services
- Enhance Population (Public) Health
- Advance Generalizable Knowledge
- Relief of a Government Burden to Improve Health

What doesn't count?

- Marketing
- Anything that benefits the hospital more than the community



Hospitals must:

- Conduct a community health needs assessment every three years.
- Get input from the community.
- Prioritize health needs.
- Make the plan public.
- Develop an implementation plan to address the needs.



What you can do

- Find out when local hospital submitted last needs assessment and implementation plan (they are all on slightly different three year cycles).
- Review the current plan. Anything on school health? Any input from schools or SBHCs? What children's health needs are prioritized?
- Get to know hospital community benefit staff.
- Stay informed about opportunities for input (e.g., community meetings) AND submit written information including data on health issues and descriptions of current activities.
- Offer to collaborate on data collection.
- Inquire about hospital community benefit grants.
- Pitch ideas for how SBHCs can meet community needs and highlight successes.



New Collaboration: Fresno Schools & Hospital Partnership

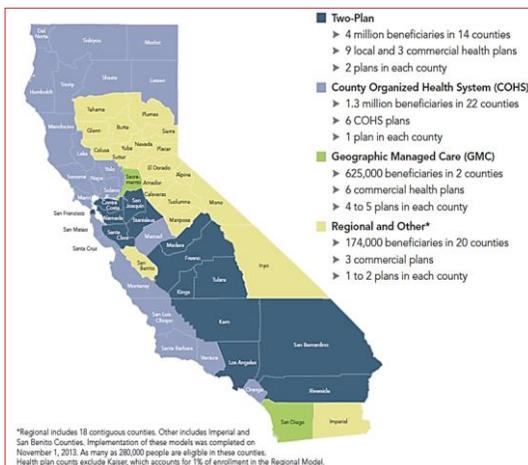
Need: There is a need to provide preventative health services focused on asthma and obesity as well as interest in opening more SBHCs in the district.

Opportunity: A partnership with hospital stakeholders to work together and on community efforts that address school district health issues.

Making the Case: Looked at health data for their students, health insurance, access to primary care, dental providers, obesity rates, asthma, mental health services to identify hot spots.



Medi-Cal Managed Care 101



Source: California HealthCare Foundation. 2013. *Monitoring Performance: A Dashboard of Medi-Cal Managed Care.*

There are 6 main models:

- Two-Plan
- County Organized Health Systems
- Geographic Managed Care
- Regional
- Imperial
- San Benito



Shared Goals: SBHCs & Health Plans

Providing
community
health
education

Managing
chronic
illness

Improving
patient
engagement &
access to care

Addressing
social
determinants
of health



Facilitating Local Pilot Projects with Health Plans

Goal: Three “robust” pilot projects

Lessons learned:

- This is hard work
- Match making is not perfect
- Data is gold
- Communication is the first step
- Reimbursement will not happen over night



Pilot project: Kern county asthma management & obesity prevention

Need: Students with asthma were not receiving the best care possible

Opportunity: Local health plan wanted to improve asthma related measures. School district had an established asthma management program

Making the Case: School district gathered data on students who were health plan members with uncontrolled asthma



Pilot project: Alameda Alliance and obesity prevention

Need: Health plan is interested in enhancing health education around obesity in a specific community

Opportunity: Local SBHC is piloting a school wide screening process to identify high need students and connect them to care

Making the Case: SBHC will start gathering data on the total number of health plan members served



Pilot project: Kaiser data mining

Need: SBHCs serve a lot of Kaiser patients and it is difficult to generate sustainable revenue for visits.

Opportunity: There is president for a partnership between Kaiser and SBHCs in Oregon.

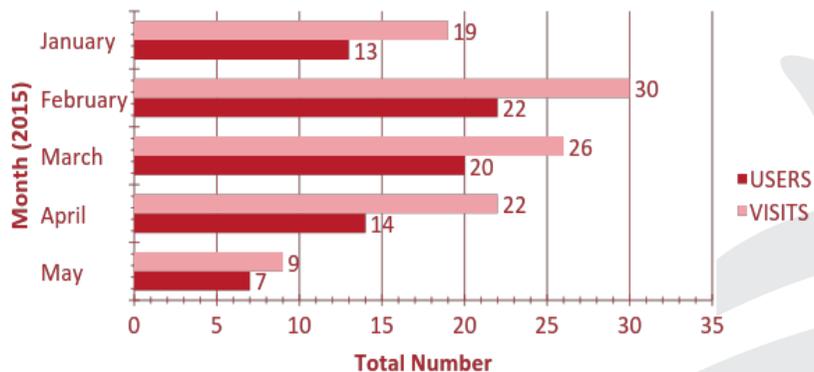
Making the Case: Working with four SBHC sites to collect data about Kaiser patient utilization, we wanted to learn:

- How many Kaiser patients get care through SBHCs?
- How many visits and for what types services?
- What is it costing the SBHCs to provide this care?



Pilot project: Kaiser data mining

Kaiser Data by user and number of visits





Pilot project: North Coast

Need: Partnership Health Plan wants community providers addressing social determinants of health.

Opportunity: As hubs for their communities and schools, SBHCs are positioned to identify and address social disparities impacting health.

Making the Case: Working with 10 SBHC sites to develop an assessment, collect data about social determinants of health, connect with regional partners, and develop action plans.



Lessons Learned:

- **Data is gold!**

Do you know how many patients are members of your local health plan? Do you review data on the type/frequency of services provided to them? Do you know where the health plan would like to improve?

- **Communication is the first step**

Have you met with your local health plan to let them know what you are doing? Do you know what their health priorities are for children/adolescents?

- **Reimbursement will not happen over night.**



Discussion & Questions



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More information on this work on our website:

<http://www.schoolhealthcenters.org/policy/health-care-reform>