

TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**. Please email completed templates by **January 15, 2016**, to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	<p>Stephanie Bultema, President School Health Care Association of Spokane County (509) 994-1327 sbultema@schoolhealthcaresc.org</p> <p>Organizations contributing to project suggestions and/or have expressed interest in partnering on this project: Rogers High School, Spokane Public Schools, Spokane Regional Health District, Providence Health & Services, Communities in Schools of Spokane County, Shriners Hospital for Children, Washington Alliance for School Health Care, Washington Dental Foundation, Washington State University Spokane, Amerigroup, Community Health Plan of Washington, UnitedHealthcare</p>
Project Title	School Health Link
Rationale for the Project	
<p>In Spokane County and much of Washington, education and health care remain separate sectors though the impacts of each sector on a child's life are inextricably intertwined. In 2014, only 61% of Spokane County 8th, 10th and 12th graders reported seeing a health care provider within the last year. For students who had not seen a health care provider in the last year, both health and academic outcomes were reportedly worse than for students who had seen a health care provider more recently. Extensive research points to evidence-based and promising practices in school-based health services contributing to improvements in both health and academic outcomes among students. Most notably, research proving the efficacy of the Whole School, Whole Community, Whole Child model, the school-based health center model, and the school-linked health center model support the value of the School Health Link project. By intentionally integrating health care services from established health care organizations within public school systems, the School Health Link project will provide opportunities to strengthen coverage, increase access to provider networks, improve health outcomes, and increase the efficiency, availability, and quality of care. By beginning this project targeting the 1,120 low-income students at Rogers High School, the project allows for development of a scalable model to be implemented at additional public schools in Spokane County, Eastern Washington, and throughout the state.</p>	

Project Description
<p><i>The following Medicaid Transformation Goals are supported by this project:</i></p> <ul style="list-style-type: none"> ✓ Reduce avoidable use of intensive services ✓ Improve population health, focused on prevention ✓ Ensure Medicaid per-capita growth is below national trends <p><i>The following Transformation Project Domain(s) are involved:</i></p> <ul style="list-style-type: none"> ✓ Health Systems Capacity Building ✓ Care Delivery Redesign ✓ Population Health Improvement – prevention activities <p>In the first phase of this work, the School Health Care Association, a 501(c)(3) nonprofit organization focused on increasing access to health care in Spokane County schools, will collaborate with local students, parents, schools, school districts, nonprofit organizations, universities, managed care organizations, hospitals, public health, accountable communities of health designee, and community health clinics to increase access to and utilization of health care services for the 1,455 9th-12th grade students attending Rogers High School in northeast Spokane. This phase will also set standards for follow-on work with other communities in the region, and eventually statewide.</p> <p>The School Health Link project has a goal to establish three school-linked health partnerships within one year of project initiation. By the end of the second year, additional on-site health services will be added such as telehealth services, outreach clinics, mobile clinics, and a teaching school-based health center. The project objective is to significantly increase access to and utilization of primary, behavioral, and oral health care at dozens of schools within five years of implementation. This multi-mode model of care delivery is expected to reduce short- and long-term health and academic disparities for low-income high school students in underserved communities.</p> <p>The project is expected to reduce avoidable use of intensive services by addressing health issues before they reach critical condition and improve population health by increasing access to and knowledge of the local health care system. This project supports initiative #1 of Medicaid Transformation: Transformation Projects by integrating delivery of physical, behavioral, and oral health services into a school setting, thereby addressing the whole person needs of each student.</p>
Core Investment Components
<p>Proposed activities for the School Health Link project include:</p> <p>Phase 1: Model Development (Year 1)</p> <p>Designing and conducting a repeatable student, school, and community needs assessment, formalizing a plan for addressing the health needs of the Rogers High School community; identifying and securing needed resources (capital, capacity, etc.) to implement formalized plan; conducting research to inform implementation of identified program model; developing education and communication materials for students, parents/guardians, schools, and health care providers; implementing identified program model; providing education and communication support to schools and health care providers; evaluating impact of program model on key stakeholders (students, parents/guardians, schools, partner clinics, managed care organizations, etc.) annually or biannually; using evaluation results to make needed changes to the program; identify opportunities to layer additional services (outreach clinics, mobile clinics, school-based health center, telehealth). The cost of full program implementation will vary greatly depending on additional services to be layered, but estimated cost of establishing the foundational school-linked health center and framework for further rollout is \$350,000, including the comprehensive plan and framework model for additional rollout. The framework would include sustainable funding mechanism, but unlike</p>

traditional school-based clinics, the ongoing funding needs would be minimal. Partnerships with ACHs and MCOs would include Medicaid payment model adjustments based on the value delivered and not fee-for-service.

Phase 2: Regional Expansion (Years 2-3)

The frameworks for needs assessment and school-linked service design will be deployed regionally within the Northeast Washington Accountable Community of Health region. This will enable rapid community partnering and rollout of needed services to many underserved students. When fully implemented, the expanded project will serve approximately 93,902 Eastern Washington K-12 students, 46,304 of which are expected to be low-income. Similar projects focusing on increasing access to and utilization of health care services in schools have been estimated to have saved Medicaid about \$35 per student per year, which would equate to an annual savings of approximately \$1,620,640 once the expanded project is fully implemented. Evaluation of success during this rollout phase would direct the level of expansion and identify specific communities to target for Phase 3 work. Total Transformation investment for this phase is estimated at \$75,000 per school, with ongoing funding through value-based reimbursement.

Phase 3: Statewide Roll-Out (Years 3-5)

With results monitoring and payment mechanisms in place, leaders of roll-out in Phase 1 and 2 could be deployed across the state to spread the School Health Link approach. A successful Phase 3 would result in dozens of schools across the state receiving health services through a wide variety of community partnerships and delivery models.

Project Metrics

Benchmark performance and outcome data are currently being established in partnership with Spokane Regional Health District’s Data Center and Neighborhoods Matter program. An epidemiologist has been assigned to lead a comprehensive health needs assessment of students, parents, community members, and school employees, which will establish benchmark data for the performance measures and population outcomes listed below. An annual evaluation will be conducted to monitor performance and outcome measures, including long-term financial savings and improved health.

Performance Measures:

Percentage of student primary care providers (PCPs) represented by school-linked health centers; Percentage of students who know how to make a doctor’s appointment; Percentage of students who know when they should go to a doctor; Percentage of students who have completed a Well Child Visit in the last 12 months; Percentage of students up-to-date on immunizations

Population Outcomes:

Education Outcomes: Percentage of students passing core classes; Percentage of students passing standardized tests; Percentage of absences due to illness; Unexcused absence rate; Graduation rate

Health Outcomes: Percentage of students reporting good health status (physical, mental, oral); Percentage of diabetic students with controlled symptoms; Percentage of asthmatic students with controlled symptoms; Pregnancy rate; Obesity rate

Utilization/Access Outcomes: Ratio of inpatient service use to outpatient primary care services use among students; Ratio of emergency department services use to outpatient primary care services use among students; Percentage of students identifying a regular health care provider or source of care; Percentage of students receiving care as soon as needed