

STRIKING A BALANCE ADMINISTRATIVE COST-SHARING IN SCHOOL HEALTH CENTERS



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Overview

- Illinois School Health Centers Snapshot
- What is administrative cost-sharing?
- The process
 - Engaging Stakeholders
 - Vendor Selection Process
- Pilot Implementation
- Questions and Answers

Illinois Coalition for School Health Centers

MISSION

To improve the physical and mental health of children and adolescents in Illinois by fostering the development, stabilization and expansion of school health centers.

GOALS

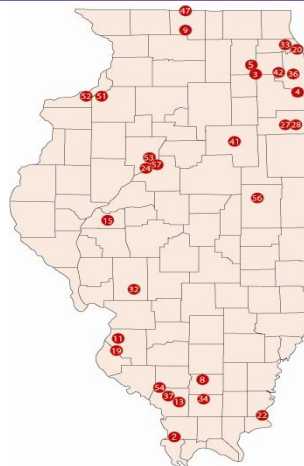
- ◆ advocacy
- ◆ networking
- ◆ quality assurance
- ◆ evaluation
- ◆ funding
- ◆ sustainability

Illinois School Based Health Centers

Community Types

- 8 are in rural communities
- 9 are in suburban communities
- 23 are in urban communities

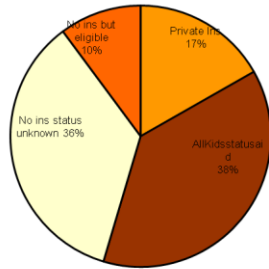
54 SHCs Across Illinois



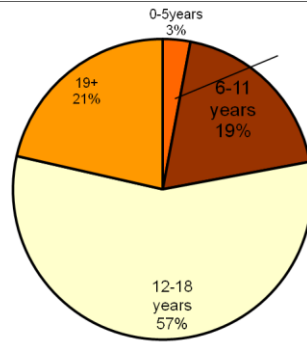
Enrollment

Enrollment by Insurance Status

Enrollment by Insurance Status



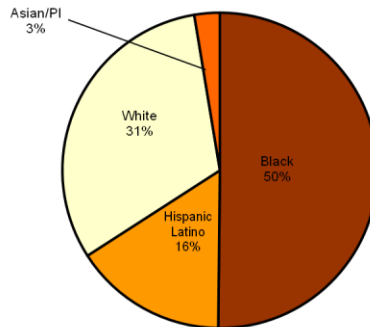
Enrollment by Age



Data sources: School Health Center Report Card FY 2007

Enrollment by Ethnicity

Enrollment by Race/Ethnicity



Data sources: School Health Center Report Card FY 2007

Schools served*

- IL SHCs serve 98 schools in 15 counties
- 78% of SHCs are in Title I schools
- 25 serve grades 9-12
- 7 serve multiple schools
- 5 serve grades K-8
- 2 serve the larger community
- 1 is a mobile van

*
Based on 2007 data with 40 of 50 schools responding

Services provided

- Medical 53,630
- Mental Health 9,351
- Oral Health 2,191
- Group Health Education 38,297
- 78,075 students were enrolled to receive services
- There were 103,469 total visits to SHCs



Top reasons for SHC visits

- Health maintenance/
Preventative Services
- Reproductive Health
- Mental Health
- Respiratory Diseases
- Symptoms
- Injuries



State Expenditures on School Health Centers

- Illinois Department of Human Services spent \$4.3 million on SHCs in FY2007.
- FY2007 supported 39 operating SHCs
- State grants support approximately 25-45% of a SHCs total operating budget
 - ▣ Billing, private foundation money and in-kind donations from the sponsoring agency make up the rest of the income

Chicago-Area School Health Centers



- 33 School Health Centers
 - 25 - High School, 5 - K-8, 3 - K-12
 - 18 fiscal sponsors
 - Community Health Centers
 - County Health Department
 - Hospitals
 - Other
- 31,936 students enrolled (85% of population)
- Visits
 - 39,221 total medical, dental & mental health visits
 - 13,230 unduplicated students served
 - 20,115 received health education

Common Challenges

- Sustainability – maintaining and increasing diversity of funding streams
- Lack of evaluation data – demonstrating positive health and education outcomes
- Coordinating health & education priorities in a school setting
- Dilution of the SHC model
- Administrative burden and burnout

Administrative Cost-Sharing

- A group of health centers form a contractual agreement to centralize key administrative responsibilities.
- Examples:
 - ▣ Practice management: patient registration, scheduling, electronic encounter forms and billing
 - ▣ Negotiation with private insurance and managed care entities
 - ▣ Data collection and reporting
 - ▣ Quality improvement
 - ▣ Electronic medical records
 - ▣ Bulk purchasing, including supplies, lab testing and medication
 - ▣ Human resources, including supervision, criminal background checks and hiring

Lessons Learned from Existing Models

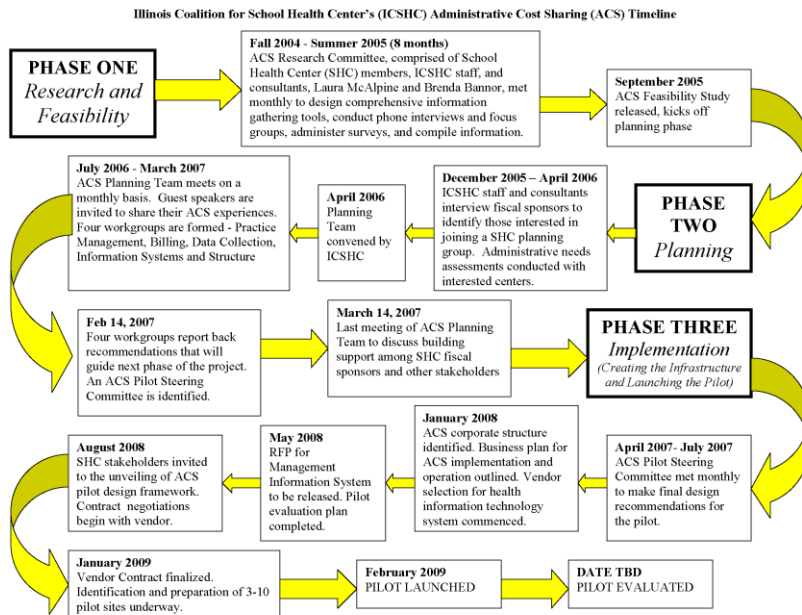
- Address elements necessary to create a successful collaboration
- Identify and prioritizing administrative responsibilities to be provided
- Choose an organizational structure that will allow for future growth
- Select appropriate technology to support services
- Securing necessary funding for planning and start-up

Mission of ACS project

- To increase the administrative effectiveness of Illinois School Health Centers in order to ensure their fiscal sustainability, maintain and enhance high quality services for Illinois students and their families, and influence public policy to preserve and expand this critical health care delivery model.
 - ▣ Initial work was funded by the Chicago Community Trust, with additional support from the Michael Reese Health Trust
 - ▣ Target area for initial work is the 28 Chicago area school health centers (25 city; 5 suburban)

Three Phases

- Phase I – Research and Feasibility Study
- Phase II – Planning Process – creating a customized framework for Illinois SHCs
- Phase III - Implementation of a pilot project



Phase I

- Information Gathering
- Advisory group guided process
- External - Interviews with 13 national, state and local stakeholders, administrators and staff with knowledge of centralized administrative services
- Internal - Interviews with representatives from 23 Chicago area school health centers
- Feasibility Study released in September 2005

Summary of Results from Surveys and Focus Group			
Importance of Administrative Tasks		Difficulty of Administrative Tasks	
Focus Group	Survey	Focus Group	Survey
Billing	Billing	Billing	Managed care negotiation
Collaborative grant writing	Collaborative grant writing	Managed care negotiation	IT support
Managed Care negotiation	Grant writing technical assistance	Relationships with Medicaid HMOs	Billing
Quality improvement	Managed Care negotiation	Collaborative grant writing	Relationships with Medicaid HMOs
Relationships with Medicaid HMOs	Program development, research, and evaluation	Purchasing – medical and office supplies, medications	Collaborative grant writing

Key reasons for school health centers to implement centralized administrative services

- ❑ Enhanced client services
- ❑ Quality improvement
- ❑ Increased revenues: cost-savings and increased billing
- ❑ Strengthened advocacy efforts

Phase II – Planning process

- 9 month planning process guided by report findings
 - ▣ Target group is 28 Chicago-area school health centers
- Assessment with 9 Chicago-area SHCs to determine capacity and identify opportunities and challenges
- Planning group formed and consisted of 9 agencies, representing 18 SHCs
 - ▣ Key partner agencies included Illinois Department of Human Services, Healthcare and Family Services and Chicago Public Schools
 - ▣ Monthly meetings between July 2006 and March 2007
 - ▣ First meeting developed shared mission and goals
 - ▣ Created four work groups: practice management, billing, data collection, and structure

Phase II – Planning process

- Planning process resulted in consensus of members on guiding principles and core components that must be included in the ACS project
- ACS Pilot Steering Committee met monthly to make final design recommendations for the pilot from April-June 2007
- A centralized administrative system for Chicago area school health centers, with future expansion to other sites in Illinois, which provides:
 - ▣ Data collection, reporting and a system for quality improvement
 - ▣ Billing services, including negotiation services with private insurance companies and managed care entities
 - ▣ Practice management, for patient registration, scheduling and integration with data collection and billing services

Phase III - Implementation

- ACS corporate structure for pilot identified
 - ▣ Researched 501(c3), 501(c4), LLC
- HIT system and vendor chosen
 - ▣ RFP for Management Information System (MIS) created and released
- Identify and train 3-10 pilot sites
 - ▣ Business plan created
- Pilot and Project evaluations designed and implemented
- HIT system live Fall 2010

Vendor Selection Process

- Vendor selection committee created to guide this process – Sept 2008
- Attended HRSA Health IT conference – Nov 2008
- Added additional step to create Request for Information
 - ▣ Information requested on vendor background, health IT product information, administrative services (if applicable)

Criteria for Vendor

- Health IT Product Key Components –
 - ▣ High functioning practice management component
 - ▣ Data collection and reporting – minimum data set collection, data transfer and warehousing, data reporting
 - ▣ Billing – conduct bill creation, submission, tracking and error correction
 - ▣ Health IT Product Implementation requirements and training
 - ▣ Health IT Product Dimensions – web-based, ability to interface with existing systems, certifications standards, flexibility, HIPAA compliant, secure web service interface, customizable for individual sites, compatible with EMR, expansion capability
 - ▣ Health IT Product Costs- one-time vs. on-going

Vendor Selection Process

- RFI released January 2008
 - ▣ Five submissions received
 - ▣ Informational sessions held with 4 software vendors and HIT networks – March and April 2008
- All-day site visits held with groups: Alliance of Chicago Community Health Services and the School-Community Health Alliance of Michigan (SHA-MI) – July 2008



Illinois Coalition for School Health Centers
Administrative Cost-Sharing Project
Vendor Comparison Score Sheet



Rating Scale: 1 (very difficult or time-consuming) to 5 (easy and quick)

	Practice Management	Data Collection and Reporting	Billing (overall)	Health IT Product Implementation (Overall)	Health IT Product Dimensions (overall)	Interfaces (overall)	Administrative Services (overall)	Costs/Affordability (overall)	Vendor Background (overall)	End User	References (overall)	Objectives of site visit	Summary Score (average)
Alliance of Chicago Community Health Services													
SCHA-MI													

Outcomes of vendor process

- ❑ Needed to bring in additional experts
- ❑ Most vendors bundled EMR with PM system
- ❑ Ability to maximize capacity of system required expanding scope to include EMR
- ❑ No single vendor had both practice management, EMR, and SBH billing TA capacity
- ❑ 2 vendors chosen
 - ❑ 1 EMR/ PM
 - ❑ 1 Billing Technical Assistance

Pilot Design

- September 2008 - final recommendation for the pilot approved by the ICSHC Steering Committee.

The ICSHC will contract with the Alliance of Chicago Community Health Services to implement a pilot providing electronic medical records, practice management and data collection/reporting and will work with the School-Community Health Alliance of Michigan for support in establishing billing services by ICSHC.

Pilot Design

- The Pilot will have a menu of services that SHCs can choose from including:
 - ▣ EMR, Practice Management (PM), billing and data collection and reporting
 - ▣ PM, billing and data collection and reporting
 - ▣ Data collection and reporting

Pilot Site Identification and Preparation

- On-going engagement
- Chicago-area sites given opportunity to join pilot in November 2008
- 13 SHCs, represented by 8 sponsoring agencies identified
- Initial site assessments and visits conducted April- June 2009
- Construct readiness plan for implementation
- Design implementation plan
- Initial focus on EMR/ PM roll-out

Costs

- Network – ICSHC and the Alliance
 - ▣ Estimated total costs for pilot year - \$372,000
 - Hardware, software, software licenses and annual maintenance fees, custom content and development, implementation assistance, hosting infrastructure and security, network environment, monitoring and help desk support, data warehousing and staff
- SHC
 - ▣ Each SHC will contribute \$5,000 per site
 - ▣ Dedicated staff time to project
 - ▣ Active participation in evaluation

System Development- EMR Content

- Design of school health center specific components of EMR/PM system
- EMR/ PM vendor a consortium of Community Health Centers
 - ▣ EMR System larger than SBH- so content must be approved by other non- SBH partners
- Additional clinical content to be developed for SHC
 - ▣ Addition of risk assessment tool
 - ▣ Reviewing current adolescent content to fit SBH
 - ▣ Elementary school content second phase
- September 2009 – pilot sites trained and ready to “go live”

EMR- PMS

- EMR is combined with practice management system
- Product will have
 - ▣ Billing
 - ▣ Scheduling
 - ▣ EMR
 - ▣ Reporting

Site Implementation Plan

Implementation process led by Alliance

- ▣ Workflows
- ▣ Re-engineering of work-flows
- ▣ Centricity set up
 - Worked in parallel with EMR content team
 - Some specialized to the site
- ▣ Go-live planning
- ▣ Pre-load and scanning

Site Implementation Plan

- End User Training
- IT infrastructure
- EHRS policies and procedures
- Orders, Services, Referrals set up
- Handouts and Patient Letters
- Helpdesk and Downtime Plan

ICSHC Role

- Contract with vendor
- Fundraising for non-SBH portion of project
- Project management of ACS project
- Facilitation of data collection conversations between vendor and state
- Managing Technical Assistance and Training
- Long term- manage billing process (with TA from SCHAMI)
- Lead Project Evaluation

Vendor Role- EHRS/ PM

- Design and maintenance of EMR/ PM system
- Project management of EMR/ PM roll out
- Assistance in fundraising for system
- Training on EMR
- On-going support of EMR/PM
 - ▣ Software maintenance, hosting, monitoring and back-up, help desk, upgrades, and equipment maintenance and replacement

SHC Role

- Identify which project bucket they fall in
- Seek sponsorship from leadership in sponsoring agency
- Identify key staff to champion project within site
- Participate in meetings designing EMR content
- Work with school and sponsoring agency to assure IT hardware and/or network capacity
- Participate in evaluation activities

SHC Role

- Dedicate staff time to EMR/ PM roll out
 - Key staff include
 - IT
 - Provider
 - Administration
 - Front desk/ billing staff
 - Staff must participate in meetings, trainings, complete additional work to facilitate roll out
 - Will slow down practice during initial roll out- sponsoring agency and school must be supportive

Vendor Role- Billing Technical Assistance

- Technical Assistance to train ICSHC staff on billing; including:
 - Claims submission – files, follow-up and resubmit
 - Appeals process for denied claims – private and public insurers
 - Payment Posting – post in system and SHC staff enters cash at the time of system
 - TA and Training – coding and maximize reimbursement
 - Bringing on a Billing Specialist – create job description, qualifications, hiring, training, define role as the project continues

Systems- Data Collection

- Evaluate current data elements required by the state
- Design reports to extract data from EMR and PMS to provide to state
- Work begun with IDHS, National Center for Supercomputing Applications and National University to develop way for state to collect data from multiple systems

Next Steps

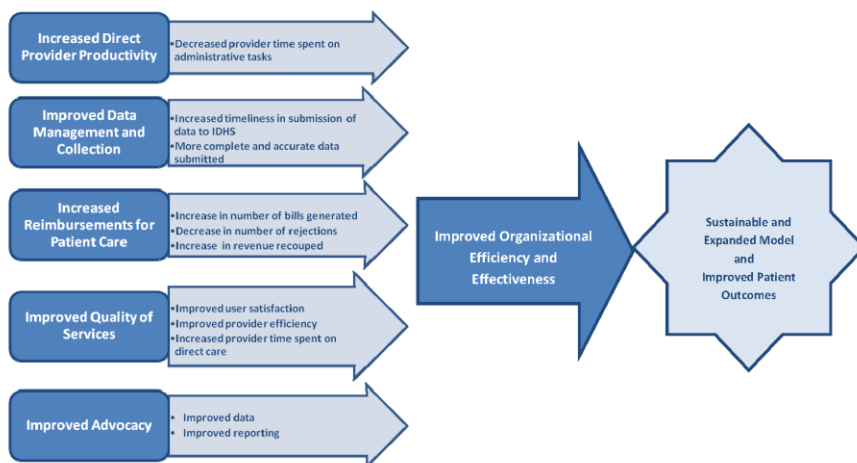
- Roll out of EMR/PM
 - ▣ October, 2009
- Implementation of data collection and reporting system to state funding agency
 - ▣ October, 2009
- Implementation of shared billing system
 - ▣ October, 2009 (goal)
- Evaluation
 - ▣ March 2011
- Expand Statewide

Pilot Evaluation

- Evaluation of pilot implementation once all sites selected
- Baseline data - Summer 2009
- Outcomes measures include:
 - Direct provider productivity
 - Data management and collection
 - Reimbursement for patient care
 - Quality of services
 - Advocacy

Administrative Cost-Sharing Project

Logic Model



Project Evaluation

- Evaluation of effectiveness of model to being in Winter 2009
 - Process Measures Include:
 - Appropriateness of the vendor selection process and the vendors selected
 - Ease of adoption of the project at pilot sites
 - Successes and challenges of implementation
 - Responsiveness of ICSHC staff
 - Compliance with the project's objectives and timeline

Key Elements for Success

- Strong leadership to build good relationships is central to the success of the collaboration
- A facilitated planning process with key representatives of the centers to receive the services is necessary to identify:
 - ▣ Centralized services to be provided
 - ▣ Appropriate organizational structure for the alliance
 - ▣ Software and hardware technology to support the services
 - ▣ Staff skills needed to administer the services
- Successful planning and implementation must be supported by necessary funding

Our Thanks to Initiative Supporters

- Chicago Community Trust
- Illinois Department of Human Services
- Michael Reese Health Trust
- Polk Bros. Foundation
- Fry Foundation
- Prince Charitable Trusts