Improving School-Based Health Care Practice

Quality Improvement Collaborative Series

Preventive Services in SBHCs

"Before PSII, we were taking care of the sick part, but the well part fell behind."

--Collaborative participant

At the start staff from one center reported ambivalence about participating in the collaborative. They had recently lost several staff members resulting in a focus on providing only acute care. They agreed to attempt to reinstate routine risk assessment but did not believe that it would result in improved care for their clients.

A female student well known to them was one of the first to complete the pen and paper form they elected to use and on it revealed sexual abuse by a family member. The student later shared with them that she felt safe being asked to sharing this information with them on paper.

The staff became immediate converts and because of the project began regular risk assessment and follow up for all their clients.

SBHCs can be easily overwhelmed by acute health care needs. Changing a culture of "putting out fires" to preventing crises presents multiple challenges - chiefly, changing the SBHC environment and practitioner skills set. From our experience with the quality improvement collaboratives, preventive practices were new to many sites. Some SBHCs had never

incorporated risk assessments into routine visits, received updated training on coding and documenting prevention activities, or engaged in evidence-based prevention counseling. We also found few with experience in systematic chart audits, a standard industry practice for evaluating health care quality.

EXPECTED OUTCOMES

School-based health centers will improve the delivery and documentation of quality adolescent health care by:

- Increasing the number of students in SBHCs with documented annual risk assessments and biennial physical examinations – the foundation of quality preventive care
- Using appropriate assessment, treatment, counseling, and education for students at risk for STD/HIV

CORE CONTENT AREAS

We organized the preventive services learning content around the following areas:

- Quality improvement and effective systems, including quality improvement components, standard quality improvement terminology, national standards and measures of quality care for school health (and particularly adolescents), and effective systems such as referrals and tracking
- Implementing comprehensive risk assessments as part of child and adolescent health maintenance, including tools such as Guidelines for Adolescent Preventive Services (GAPS), Bright Futures, and Put Prevention into Practice: A Clinician's Handbook
- Stage-based STD/HIV behavioral counseling, a technique that in 15 to 20 minute session allows providers to gauge student readiness for behavior change at any point on a five-stage continuum.
- Documentation and coding for preventive services, including Current Procedure Terminology (CPT) codes (part of the standard used in electronic transmissions to describe health care procedures), and International Classification of Diseases (ICD-9), which refer to the diagnosis, condition, problem, or other reason for the health center visit

IMPACT

Corroborated through chart audits and interviews of collaborative leadership, SBHCs reported positive changes in the quality of services as a result of their participation in the prevention collaborative. Greater numbers of students were receiving preventive care, charting was more accurate, and the centers improved their use and availability of health education materials. Prevention became a part of everyday care. Specifically:

- Overall, risk assessments increased 25%; physicals increased 15% (at some sites, risk assessments increased nine-fold)
- STD/HIV prevention counseling increased 32%
- Improved documentation of behavior change resulting in risk reduction ranged from 32% to 102%
 - Participants also reported significant improvement in cross-communication among provider disciplines and institutionalizing standard protocols for risk assessments

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STRATEGIES & METHODS

Incorporate prevention and risk assessment into everyday practice

- Convert sports physical examinations into comprehensive physical examinations
- Perform risk assessments
- Offer STD testing.
- Standardize risk-assessment tools to streamline preventive action.
- Rearrange workstations so tools are readily accessible for blood pressure and body mass index assessments.
- Add STD and Chlamydia tests to each pregnancy test.

Implement chart audits

- Standardize coding systems across sites to maximize efficiency.
- Develop a standardized chart audit form that includes a preventive services section and begin working toward state-wide implementation.
- Hire information management consultants or purchase software to improve efficiency.
- Adapt standardized risk assessment forms to collect additional data, such as weight, blood pressure, body mass index, and dental assessment.

Focus on teamwork and improved communication

- Offer simple incentives to staff (i.e.: bring food to chart-audit sessions).
- Share data to help with funding and health department inquiries, and open communication among departments.

Identify and execute policy and other support for sustaining preventive services

- Include a representative from the state's Department of Health in SBHC quality activities, in order to increase funding opportunities from state sources.
- Hire a full-time technical assistant to work on legislative issues for SBHCs in the state.
- Explore student mental health services support in response to needs identified in risk assessments.

Recognize achievement

- Host visible celebration programs to honor PSII participants. Participation increases networking opportunities.
- Create opportunities to receive positive attention from a national group to make the case for the collaborative's importance (i.e.: present at professional meetings).