Why Quality Improvement Matters in Your School-Based Health Care Practice

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Learning Objectives

- Explore how quality improvement can improve health outcomes for patients seen in school-based health centers
- List the 5 performance measures
- List at least two strategies that can be implemented in SBHCs focused on quality improvement performance measures

School-Based Health Centers

Primary care
- Preventive services
- Acute, and chronic care
- Immunizations
Oral health
Vision services

Behavioral health (mental health and substance abuse)
- Screening, assessment, and early intervention
- Group and individual counseling

Financing
- Federal grants
- State grants and appropriations
- Local school district
- Commonly organizations
- Medicaid reimbursement
- Foundation grants
- Public health funds
- Tax revenue

Over 6.3 million students have access to a SBHC nationwide

Disclosures

No disclosures
What is the National Quality Initiative (NQI) and Quality Counts?

Challenging the SBHC field to adopt, report, and improve on a set of standardized performance measures.

SBHC providers and administrators

IMPROVEMENT
Describe impact of SBHCs to health and education audiences

Advocacy
Grant writing

SBHCs Evidence Base

1. Health of communities (an evidence-based approach to health care for youth)
2. Increased access to care → decreased health disparities
3. Use of primary care (better care coordination)
4. Improvements in social competency, behavioral and emotional functioning
5. Inappropriate emergency room use
6. Hospitalizations

SBHCs & Academic Improvement

- Academic expectations, school engagement, and safety and respect
- Improvements in academics (GPA, test scores, attendance, teacher retention)
- Absenteeism and tardiness
- Increase graduation rate
  - ABC's for mods & eds
Quality Improvement (QI)

- Systematic and continuous actions leading to measurable improvements in:
  - Health care services
  - Health status of targeted patient groups
  - Framework to improve ways care is delivered to patients
  - Measured, analyzed, improved, and controlled
  - Continuous efforts to achieve stable and predictable process results
  - Requires commitment from the entire organization, especially the top management

QI In Our World

- Identification of an issue
- Building a team to address the issue
- Defining the problem
- Choosing the target
- Testing the change
- Reevaluate or proceed with the improvement effort

QI Key Principles

A successful QI program always incorporates four key principles

1. QI work as systems and processes
2. Focus on patients
3. Focus on being part of the team
4. Focus on use of the data

Quality Assurance and Quality Improvement

<table>
<thead>
<tr>
<th>Quality Assurance</th>
<th>Quality Improvement</th>
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</thead>
<tbody>
<tr>
<td>Individual-focused</td>
<td>System-focused</td>
</tr>
<tr>
<td>Perfection/myth</td>
<td>Full-cycle tracked</td>
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<tr>
<td>Inept practitioners</td>
<td>Improved</td>
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<tr>
<td>Interpersonal error</td>
<td>Resolved</td>
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<tr>
<td>Errors punished</td>
<td>Errors seen as opportunities to learn</td>
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SBHCs and Quality Improvement

Paving the Way: A Connecticut School Based Health Center Quality Initiative

- Report and track data
- Improve performance improvement capabilities
- Create consistency among the state's SBHCs
- Create sustainability strategies

Statewide Quality Improvement Initiative

Led by CT Association of School-based Health Centers in partnership with CT Department of Public Health

- 5 SBHC systems participated —10 schools in 1st cohort
- 4 additional SBHC systems participated —6 schools in 2nd cohort
- Quality improvement experts worked individually with each team, and with the full group for 12 months
- Each team focused on 1-2 measures for 12 months to make the most progress
- Every team made documented progress and developed/improved care systems
Practice Improvements

Improvements in practice, satisfaction, and patient care

- Each team reported improvements in practice flow
- Providers experienced greater satisfaction with their practice
- Teams could visually see their progress through monthly "run" charts on the measures
- Changes made to EHRs allowed for easier data collection and reporting

"Once I started using the CI framework and could see the results of my work with students through data and the measures, I had deeper conversations with the students and truly began to love this work!" - Nurse practitioner, middle school

CASBHC Learning QI Collaborative
Cohort 2 (2018-2019)

Child & Family Agency Of Southeastern CT
- Red, green, or grey...do your screenings today!
- Optimus Health Care, Inc.
  - Increase mental health screenings
- Stonyford Health Department
  - Increase annual risk assessments
- Branford High School
  - It's OK not to be OK... Let's Talk!

Its OK not to be OK so let's talk about it

Background
- Branford High School
- 860 students-90% enrollment
- Majority white

Business as usual
- APRN-depression screen completed at annual well check
- Positive score-informal referral to LCSW
- LCSW-screened for depression

PDSAs

Plan | Study | Act | Do
Plan for workflow

Do

10th graders who came in for annual well visits
- APRN administered PHQ2
- Positive PHQ2 was referred to LCSW
- Warm handoff made to LCSW within one business day

Data Collection Tool Developed After Several PDSA Cycles
- All 9-12th grade students who came for annual well visits or medical visits were administered the PHQ2 by APRN
- Warm handoff to LCSW within one business day

Do

Study

- 120 students screened using the PHQ2
- 23 (19%) students who screened positive were referred to the SBHC mental health clinician for follow up screening with the PHQ9
  - 15 (65%) students screened positive with the PHQ9
  - 9 out of 15 (60%) received mental health services at the SBHC

Access provided to students who may otherwise not have been assessed

ACT

- Initiative expanded to the middle school
- Screening tool put in as part of EHR for all SBHCs

Reflections

- Evolution of the team
- Increase in positive PHQ2 screens

Lessons learned
- Clarification of a warm hand off
- Other issues identified: drug use and abuse, weight concerns, anxiety
- Why some students with a positive PHQ9 were not referred
  - Already in treatment with an outside agency or school
  - Declined treatment-close follow up