High-Quality Practice: Data & Quality Improvement

SBHC Logic Models

Developing a logic model / results framework can help to articulate what services a school-based health center (SBHC) will provide to address community needs, the expected outcomes of these services, and how to measure both. Logic models may also be required by some funders in grant applications. SBHC logic models developed by funders in Washington state include those, for example, from Public Health—Seattle & King County and Kaiser Permanente.

Key Data for SBHC Monitoring and Evaluation

Key data to be collected and analyzed for SBHC quality improvement and program evaluation will be specific to the SBHC agreements developed and the needs of the sponsoring organization and school district(s). It is common that monitoring and evaluation data often fall into the categories of:

- Students served and services provided
- Patient satisfaction
- Academic outcomes
- Quality health and preventative health metrics (% of patients immunized, % of chronic disease within control, etc.)

Students Served and Services Provided

Monitoring the data available from the electronic health record (EHR) and electronic practice management (EPM) systems will help the SBHC sponsor identify school year patterns, areas for improvement, and best practices. The data will complement what the SBHC sponsor is learning from the SBHC care team about how things are going in the school. Develop reports that can track important SBHC indicators. Run these reports on a regular basis to inform and support the ongoing development of SBHC operations. Standard service indicators can include, among other things:

- Total patients served
- Patient demographics
- Types of services patients are accessing
- Total visits per patient (broken down by service type)
- Top 5-10 procedure codes by service type
- Top 5-10 diagnosis codes by service type

SBHC utilization and equity. Compare the SBHC patient demographics to that of the school's demographics to see if they align or if you are serving a disproportionate number of some student groups and missing representation from other student groups. Develop strategies to reach out to the student groups that you are missing to learn more. Are they not accessing services because they already have a community-based primary care provider? Are they not accessing services because they don't feel comfortable going to the SBHC for x,y,z reasons? Learn more about how the SBHC is seen in the school

community and do the work to make sure that it is seen as an open, welcoming and accessible space, especially for students of color and other historically underserved populations.

Standardized Performance Measures for SBHCs. In September 2014, the School-Based Health Alliance and the Center for School Mental Health (CSMH) embarked on a joint initiative to expand the number of SBHC programs and comprehensive school mental health programs (CSMHPs), improve the quality of the health services they provide, and strengthen their sustainability by crafting a set of national standardized performance measures. This National Quality Initiative (NQI) laid out five standardized performance measures for SBHCs:

1. Annual Well-Child Visit
2. Annual Risk Assessment
3. Body Mass Index (BMI) Assessment & Nutrition/Physical Activity Counseling
4. Depression Screening & Follow-Up
5. Chlamydia Screening for sexually active students

In addition to these five performance measures, King County SBHCs are required to collect data and report on:

6. SBIRT: Screening, Brief Intervention, and Referral to Treatment for drug and alcohol misuse

Additional performance measures SBHCs may want to prioritize are:

7. Oral health screening and fluoride varnish application
8. Immunizations
9. Asthma management
10. Mental health care plan treatment goals and documented progress toward treatment

Other Indicators
Below are examples of other data that may be key to measuring the SBHC's impact on students served:

1. Total number of students helped with health insurance eligibility and enrollment
2. Total hospital visits and costs for patient(s) before and after they are introduced to SBHC services and interventions (if the SBHC sponsor has access to hospital visit / discharge data for their patients through a broader initiative, for example). High hospital utilization has high costs associated with it for the patient, family, and the health care system. Following students with chronic conditions such as asthma through their health care journey at the SBHC is one way to demonstrate how SBHCs can reduce costs and improve health benefits.

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If you don't measure it, you can't improve it

Work with medical and behavioral health providers to review clinical data and develop quality improvement indicators that are meaningful to them. Providers will need to have ownership over these indicators and see the added value in tracking them and testing process improvement strategies. Involve providers early in quality indicator priority setting for the school year.

Incorporate quality improvement tools and strategies, such as Plan, Do, Study, Act (PDSA) templates, into the work with providers. This can be as informal as sharing strategies and lessons learned with the team through email, or a formal PDSA worksheet presented at a team meeting.

Share lessons learned among provider teams and across the SBHC(s). Because of the nature of their work, SBHC staff can feel isolated in their schools, and even though they may be part of a larger network of SBHCs and/or community health providers, they may not always feel connected to their team or remember to share successes, challenges, strategies tested and lessons learned. Incorporate lessons learned into regular team meetings and encourage informal information-sharing through email or other platforms among providers and administrative staff.

Patient Satisfaction

Patient satisfaction surveys are a good way to receive structured and open-ended feedback from the students receiving services at the SBHC. Developing a one-page survey that can be offered to patients after their appointment throughout the year or during a certain point in the school year will give providers feedback on the quality of the services provided in the SBHC from the patient perspective.

Academic Outcomes

In order to measure the SBHC's impact on academic indicators, academic data would need to be provided by the school or district. See Agreements document on the Planning, Operating and Sustaining a SBHC page of the WA SBHA website for more information regarding Data-Sharing Agreements (DSAs).

While DSAs are not common, they may allow for the SBHC sponsor and school to review a side-by-side comparison of students who access the SBHC and students who do not access the SBHC. While SBHCs may not have control over how well one of their patients does on standardized tests, they can influence their patients' attendance rates and academic success by getting to the root of problems impacting a patient's ability to learn and their motivation to succeed in school. Improved attendance and passing grades help students toward on-time graduation.

Below are some examples of the academic indicators that a SBHC and a school or district can measure:
1. Percent of students served by the SBHC who had fewer than 5 or 10 absences per year.
2. Percent of students served by the SBHC who passed all their classes each year.
3. Percent of students served by the SBHC who graduated from high school on time.

A SBHC can also measure the seat time or class time saved by SBHC appointments. This can be done by collecting the average number of missed school hours for off-site health care appointments and comparing it to the average number of missed hours for SBHC appointments.

Sharing the Data

The SBHC sponsor can share the information they are tracking at regular intervals with the SBHC care team and school partners. Monthly quality reports for the SBHC care team promotes engagement in the quality improvement work. Mid-year and end of the school year are good times to share SBHC progress reports with school partners. Discuss what level of global data the school administration would appreciate having and try to provide them that information. School administration can choose to share SBHC progress reports with other partners to inform them about their school's SBHC operations.

Consider partnering with a local university to conduct data analysis and research. SBHCs, like all health care agencies, have the ability to collect a lot of data. SBHC sponsors focus on providing high-quality care through direct service and they are not often best suited to lead research projects. Partnerships with local universities can benefit the SBHC sponsor and the SBHC movement by furthering the research available to support SBHC operations. If state and federal policymakers need more data and research demonstrating the benefits of SBHCs, then SBHCs are well positioned to provide this information if they have the right partners and resources to make this data available.