

Special Audio Report Transcript

Headline: California's School-Based Health Centers See Promise, Challenges in the Affordable Care Act

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Text:

There are 200 school-based health centers in California serving students and, in some cases, parents. Another 40 are scheduled to open in the next few years. Although the Affordable Care Act offers opportunities for the facilities, the law could bring new challenges. This is a special report for *California Healthline*, a daily news service of the California HealthCare Foundation. I'm Rachel Dornhelm.

At the public school United for Success Academy in Oakland, pediatric nurse practitioner Zena Harvill sees students for regularly scheduled appointments ... and unexpected aches and pains.

(Harvill): "Alright, so when did it start hurting?"

(Student): "10 minutes ago."

Harvill is evaluating a middle-schooler who came in clutching a hall pass and complaining about a hurt eye.

(Harvill): "Can you look up for me?"

(Student): "It's like it's irritated."

This center opened in 2011 and is operated by the Native American Health Center, a nearby community health provider. The center is on a campus that serves 680 students in grades six through 12 -- and in some cases, whole families come here. Harvill says the high-schoolers often come to appointments with questions about reproductive health, while the younger crowd ...

(Harvill): "So we get lots and lots of middle-schoolers coming in with first aid visits, but then when you dig a little bit deeper, you discover other stuff is going on as well. A lot of that other stuff tends to be stress or a lot of stuff going on at home."

Harvill says almost 90% of the students qualify for no-cost or reduced-price lunch, which generally overlaps with eligibility for Medi-Cal, California's Medicaid program. Harvill says one of the challenges with Medi-Cal is that if a

school-based health center isn't designated as a student's "medical home," the center can't be reimbursed through the program. However, her clinic recently started offering dental care, which can be reimbursed through Medi-Cal, regardless of a student's medical home. Harvill says for some students, the center is a convenience. For others, they wouldn't be seen by a doctor otherwise.

(Harvill): "They may not go to their regular clinic. They may not go because their parent is working all the time and has no ability to get them to the clinic if they need something."

Research over the last decade has shown that students from disadvantaged backgrounds with access to a school-based health center show improved outcomes in asthma treatment, immunization rates, obesity and mental health care.

Serena Clayton -- executive director of the California School Health Centers Association -- says the clinics, which used to be concentrated in urban areas, are now opening throughout the state, including the Central Valley and Central Coast. Clayton says California received a financial boon from the Affordable Care Act -- \$30 million to build or remodel school-based health centers. But while the ACA provided an initial investment, it did not set aside additional money to continue supporting the centers.

(Clayton): "So now we're looking for the state to build on the federal investment so that we can maximize the potential of school-based health centers to turn the health care system around, which is the whole idea of health care reform and emphasize prevention, reducing costs and making health care more focused on consumer needs."

Clayton says some states -- like Connecticut and Massachusetts -- provide state grants to fund school-based health centers, but California has not done so. But she says, given the possibilities of health care reform, grants are only part of the solution.

(Clayton): "It's not necessarily simply about direct state funding for school-based health centers but also about integration of school-based health centers into the regular delivery system, so that the funding models that are out there are actually supporting this model of health care delivery."

Alex Briscoe -- director of the Health Care Services Agency in Alameda County, which is home to 26 school-based health centers -- agrees. In fact, Briscoe says that if the centers are not recognized by managed care, it could upend the business models that some California clinics have hammered out.

(Briscoe): "The Affordable Care Act itself is part of a broader change in the administration of the Medi-Cal program -- moving it from a

fee-for-service to a managed care model. And that model creates challenges to the business plan that we've used to start and fund school-based health centers."

Briscoe says he would like to see school-based health centers identified as "essential community providers," just like emergency departments. But despite the hurdles resulting from the ACA, Briscoe says the law offers opportunities because its goals align with those of school-based health centers.

(Briscoe): "If we are going to add 40 million people to our health care delivery system, how are they going to get seen? In a system that already drives utilization to high-cost settings and hospitals ... we think school-based health centers are a demonstration project, a new model, of primary and preventive service care delivery."

Claire Brindis -- professor of pediatrics and health policy at UC-San Francisco -- has studied school-based health centers for decades. She sees them as a possible solution to some of the challenges presented by the ACA, such as helping more residents sign up for Medi-Cal coverage.

(Brindis): "Having, for example, an eligibility worker be at clinic sites a certain number of hours a week to help with the enrollment of eligible families, so those families when they attend and receive care can then be billed appropriately for the services that have been rendered."

Brindis says another important provision of the ACA is improving quality while controlling costs. She says young people often are ignored in conversations about cost control because their care is relatively cheap compared with end-of-life costs. However, she says early investments are key to strong preventive care and lifelong health-- another top goal of the Affordable Care Act.

This has been a special report for *California Healthline*, a daily news service of the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at CHL@CHCF.org. I'm Rachel Dornhelm, thanks for listening.