

EVALUATION PLAN

“To Improve Coordination Between School-Based Health Centers (SBHCs) and the Medicaid Managed Care Program (*Salud!*)”

Project Goals, Objectives, Activities, Interventions and Evaluation Methods

May 15, 2000 to June 30, 2004

INTRODUCTION

Evaluation of the project is central to determining the project’s impact, judging its effectiveness and deciding whether it should be expanded beyond the pilot. An advisory committee was convened to provide guidance in developing an evaluation plan. The first hurdle was to decide on the research questions. The committee considered the goals of the project and how they could be measured. The following initial research questions were identified:

- Are the main participants, including managed care organizations (MCOs), SBHC staff, providers, families and students, satisfied with the project and its collaborative goals and objectives?
- Do the SBHC and MCO providers see any change in the ease of communication, referral and coordination?
- Is access to medically necessary care increased as a result of the project for children and adolescents served by the pilot project SBHC sites?
- Was there an increase in the number of primary care visits after the SBHC began participation in the project?
- Is the provision of comprehensive and preventive care increased for *Salud!* students served in the SBHC sites?
- What is the rate of detection/treatment/referral for depression in *Salud!* students involved in the pilot versus non-pilot students?
- How does the data compare between *Salud!* students enrolled with the pilot project SBHC sites and the general student population enrolled in the MCOs?
- Are the SBHCs utilized as a resource by the MCOs; are the MCOs utilized as a resource by the SBHCs?
- Does the pilot project increase the ability of SBHC sites to provide services?

- Are there unintended effects of participation, such as a change in focus for the SBHC toward reimbursable services, changes in attitude of staff and/or changes in time spent with students?
- Do the end results justify the efforts of the SBHCs and MCOs?
- Do the pilot sites and MCOs plan to continue their relationship after the project is concluded?

The research questions were used to develop the evaluation plan, including the goals, objectives, activities/interventions and evaluation methods. Some of the activities/interventions and evaluation methods apply to more than one goal. To facilitate implementation of the plan, a checklist showing the activities/interventions and evaluation methods and their subsequent timelines is attached.

OVERVIEW OF THE PROBLEM

Prior to Salud! New Mexico worked with some success to create a school-based system of health care for children and adolescents. Children were seen in school-based health centers (SBHCs) and, as appropriate, referrals were made by the SBHC to other providers, including behavioral health providers (BHPs). At the time it was desirable but not critical that the SBHC provider know the child's primary care provider (PCP) and know what health care the PCP may have ordered for the child. This arrangement, while permitting relatively easy referrals from the SBHC to other providers, did not foster coordination of care or develop a true medical home for the child and adolescent. Salud! fundamentally changed this process. Linking SBHCs with the child's PCP became critical in the new system, as the PCP is held accountable for provision of certain services, coordination of care and authorization of referrals to specialty care.

This occurred at a time when the SBHCs were experiencing reimbursement difficulties, not unlike those of SBHCs in other states. Historically, New Mexico SBHCs have been supported by a patchwork of funds, including federal and state general funds, Medicaid in the Schools funds, local contributions, some tribal funds and contributions from the Indian Health Service. None has adequately supported SBHC programs. In addition, SBHCs have never been reimbursed directly by Medicaid for services provided or by private, third party payers. In reality, SBHCs understand that if they are to improve their chances for long-term financial viability, they must participate in the broader health care delivery system, including Medicaid managed care.

At the start of Salud!, Medicaid managed care regulation stated, "The managed care organization must make every effort to include school-based clinics as network providers or provide the same level of access in the school setting." However, the priorities associated with building the new health care system took precedent over the MCOs establishing contracts with the SBHCs. Meanwhile the SBHCs struggled in the first two years of Salud! to find their place in the new Medicaid managed care system.

The Human Services Department (HSD) Medical Assistance Division intervened by holding a “school summit” in the winter of 1999 to explore how schools could participate in Salud!. One of the consensus action steps that came out of the summit was a commitment to conduct a pilot project, whereby several SBHC sites could be linked in a formal way with Salud!.

PURPOSE STATEMENT

The purpose of the project is to link designated pilot SBHC sites, primary care providers and behavioral health providers who serve students in the pilot sites, and the MCOs in achieving defined common goals: to explore ‘best practices’ for collaboration; and to increase access to care, provision of comprehensive and preventive care and integration of systems, particularly primary and behavioral health care.

PROJECT GOALS, OBJECTIVES, ACTIVITIES, INTERVENTIONS, AND EVALUATION STRATEGIES AND METHODS

Goal 1: To explore best practices for collaboration

Objectives

- By July 1, 2001, all designated SBHCs and MCOs will commit to collaborate for the duration of the pilot project by signing contracts for the benefit of students they serve in common.
- During school year 2001-2002, a “Best Practice” model for care coordination and case management will be implemented, and will be reviewed and revised, if necessary, during years three and four of the project.
- During school year 2001-2002, a “Best Practice” model for communication and referrals will be implemented, and will be reviewed and revised, if necessary, during years three and four of the project.
- During school year 2001-2002, a “Best Practice” model for management of asthma will be implemented, and will be reviewed and revised, if necessary, during years three and four of the project.
- During school year 2002-2003, a “Best Practice” model for management of depression will be implemented, and will be reviewed and revised, if necessary during year four of the project.
- During school year 2002-2003, a “Best Practice” model for conducting EPSDT screens will be implemented, and will be reviewed and revised, if necessary during year four of the project.

- During school year 2003-2004, a “Best Practice” model for managing obesity/type II diabetes will be implemented.
- By the end of the project, key SBHC staff will understand the role of and resources within the MCO.
- By the end of the project, all MCO key contacts will understand the role of and resources in the SBHCs.
- By the end of the project, all SBHCs, PCPs and BHPs in the SBHC service areas, and MCOs will be able to identify specific “best practice” examples that demonstrate effective collaboration.

Activities and Interventions

- A contract template will be developed and made available to the MCOs and SBHCs for use in negotiating contracts.
- The project advisory board, which is comprised of all principal participants in the project, will hold regular meetings to share experiences, provide guidance to the project, facilitate collaboration, and monitor the project’s progress.
- Small ad hoc committees will be formed to assist in development and implementation of protocols and to address issues that arise, such as, but not limited to, clinical matters, care coordination, systems integration, data management and protocols.
- A provider education program for the SBHC sites, PCPs and BHPs working with the pilot sites, and MCO staff will be developed by the end of July 2001. The program will include group and individual educational sessions; a “how to” provider manual, with information on the project expectations, student demographic information, scope of services, “best practice” protocols, outreach, evaluation plan, medical record requirements, Medicaid managed care regulations, data collection, and MCO-specific information, such as referral processes and claims payment; and how to receive access to SBHC provider technical assistance.
- An initial provider educational program will be held in August 2001, and subsequent provider information sessions will be held in 2002 and 2003.
- The MCOs will communicate with their network PCPs and specialists, including behavioral health providers, in the SBHC communities regarding the project collaboration.
- The MCOs will distribute to each SBHC a copy of their provider manual.

- Project staff and, as needed, MCO staff, will perform on-site technical assistance to the SBHCs.
- Toll-free numbers will be available for SBHCs to call MCOs and HSD for technical assistance.

Evaluation Methods

- A survey of participants in the initial provider educational program will be conducted in August 2001 immediately prior to the program session, immediately following the program; and provider information update sessions in 2002 and 2003 to evaluate participants' understanding and application of information contained in the education sessions.
- A short process evaluation survey will be conducted twice per year with project advisory board and committee members to document the progress of implementation and to make adjustments for improvement in the program.
- A quarterly review of goals, objectives, activities and evaluation strategies will be conducted to track shifts, changes, effectiveness or non-effectiveness (areas needing improvement or attention), and adjustments made, as indicated.
- A quarterly mapping will be performed of who's involved in the project, identifying who's not participating and needs to be, when entities "drop out" and why, and any increase (expected) of key players as the project progresses.
- A quarterly tracking will be performed of unexpected/unintended events or outcomes, including both barriers and facilitators. Agendas, minutes and attendance will be attached for all meetings.
- A satisfaction survey will be conducted with the MCOs and those providers working with each SBHC in 2003 and 2004 to evaluate the impact and outcomes of the project, as it relates to overall satisfaction with the contract agreement, best practices, collaboration goal and objectives, knowledge and attitudes about SBHCs and managed care, the effect of the workload associated with the project, time spent with students, and the end results of participation in the project.

Goal 2: To increase Access to Care for Children & Adolescents

Objectives

- Beginning with school year 2001-2002 and throughout the rest of the project period, all SBHCs will understand the definition of Children with Special Health Care Needs (CSHCN) and assist the MCOs with identification of CSHCN.

- Beginning with School Year 2001-2002 and throughout the rest of the project period, all SBHCs will refer CSHCN to the MCO for care coordination or case management, as indicated, beginning with School Year 2001-2002 and throughout the rest of the pilot project period.
- Services, defined in the project scope of services and provided in the SBHCs, will increase to Salud! members by 10 percent in year three of the project over year two, and 10 percent in year four over year three of the project, using year two data as the baseline measurement.
- Beginning with school year 2001-2002 and throughout the rest of the project period, all Salud! members presenting to the SBHC for care who, upon assessment by the SBHC PCP, require follow-up with their assigned PCP or a specialty provider will be referred to that provider.
- Beginning with school year 2001-2002 and throughout the rest of the project period, all SBHCs will inform the Salud! member's PCP about services provided to the student in the SBHC, using the Communication Notification and Referral Form.

Activities and Interventions

- An initial provider education program will be developed by the end of July 2001 (See Goal 1, Activities, Interventions).
- A SBHC/MCO provider educational program will be held in August 2001 (See Goal 1, Activities/Interventions) and subsequent provider information sessions will be held in 2002 and 2003.
- A meeting will be scheduled with the HSD/New Mexico Medical Society Liaison Committee in 2001 regarding the project, the role of PCPs, and to solicit the committee's input as to how to reach out to and seek support from PCPs.
- Outreach materials will be developed for parents, legal guardians and students on the project, Salud! membership, PCPs, and SBHC services. These materials will be made available at all SBHC sites for distribution with the packet that goes out to users of the SBHC at the beginning of school years 2002-2003 and 2003-2004 for other outreach activities, as appropriate.
- Project staff will meet with Department of Health (DOH) school health advocates and school nurses from the schools in which the SBHCs are located for purposes of educating the nurses regarding the project and seeking their support and collaboration in assisting Salud! members to access services through the project as defined in the project scope of services.

- Project staff will meet with the DOH Medically Fragile and Developmentally Disabled Waiver and Children's Medical Services program managers to apprise them of the project and to collaborate with them in identifying Salud! children with special health care needs on the waiver who attend schools in the SBHC sites. This information will be utilized to facilitate access to care and collaboration among the SBHC, PCP, MCO and waiver program case managers on behalf of the children.
- A youth theater group will be utilized, if possible, as part of the focus group interviews, 2003 and 2004 to help with reaching teens in the SBHC sites to provide information about available services and to explain how to access care through the SBHC sites.

Evaluation Methods

- A survey of participants in the initial provider educational program will be conducted (See Goal 1, Evaluation Methods); and provider information sessions in 2002 and 2003 to evaluate participants' understanding and application of information contained in the education sessions.
- Encounter data on all services provided to Salud! members by the SBHC will be collected and reported by the MCOs to HSD, according to the terms of the SBHC/MCO and HSD/MCO contracts.
- SBHCs will collect and report required data to NM Department of Health, using the SBHC-Pro Database or DOH approved equivalent system, and according to DOH's schedule for submission.
- Focus group interviews will be held in school years 2002-2003 and 2003-2004 with parents and legal guardians of Salud! SBHC users and students to evaluate their satisfaction with services provided through the SBHC/MCO pilot project and their understanding of the roles of the SBHCs, MCOs and PCP and how they work together.
- Data will be compiled and analyzed by the independent evaluator.
- A sample of SBHC medical records will be reviewed in 2003 and 2004 for evidence that CSHCN children were identified, the PCP was notified when the child was served in the SBHC; any Salud! members who needed care coordination/case management, PCP or specialty care were referred; project protocols were implemented; and coordination, as indicated, occurred among physical health and behavioral health providers.

Goal 3: To increase the provision of comprehensive and preventive care

Objectives

- Beginning with school year 2001-2002 and throughout the rest of the project period, all parents and legal guardians of children and adolescents who utilize the SBHC, as well as the adolescents themselves, will receive information about preventive care.
- Beginning with school year 2002-2003 and throughout the rest of the project period, all Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) screens done by the SBHC will be performed in accordance with NM Medicaid EPSDT screening guidelines.
- Sixty percent of all Salud! members who present to the SBHC for a minimum of two billable visits for care in school year in 2003-2004 will be up-to-date in their EPSDT screens, including their immunizations, by the end of the school year.
- Beginning with school year 2002-2003 and throughout the rest of the project period, all Salud! members who present to the SBHC for care who have a diagnosis of asthma will have an asthma action plan in place at the SBHC for management of the member's asthma, which includes an asthma flow chart, daily self-management plan and member education, according to the project Asthma Protocols.
- Beginning with school year 2001-2002 and throughout the rest of the project period, all Salud! members who present to the SBHC for care who need referral for care coordination/case management, PCP follow-up or specialty care will be referred for services.
- Beginning with school year 2001-2002 and throughout the rest of the project period, all Salud! members who present to the SBHC for care who need behavioral health services will receive care at the SBHC or be referred for services.
- Beginning with school year 2003-2003 and throughout the rest of the project period, all Salud! members who present to the SBHC for care who have a diagnosis of depression will have a plan of care in place at the SBHC, according to the project Depression Protocols.
- Beginning with school year 2003-2004, all Salud! members who present to the SBHC for care who have a diagnosis of obesity and are at risk for diabetes will have a plan of care in place at the SBHC, according to the project Obesity/Type II Diabetes Protocols.

Activities and Interventions

- An initial SBHC/MCO provider education program will be developed by the end of July 2001 (See Goal 1, Activities/Interventions).
- A SBHC/MCO provider educational program will be held in August 2001 (See Goal 1, Activities/Interventions) and subsequent provider information sessions will be held in 2002 and 2003.
- Meetings will be scheduled in the fall of 2001, 2002 and 2003 with SBHC School Health Advisory Committees to discuss the project, to identify particular community needs, and to seek their input as to how to reach parents and students regarding health promotion and preventive care initiatives.
- MCO and DOH health education materials will be displayed in the SBHC and made available free to students and families.
- MCOs will communicate with their network PCPs and BHPs about SBHC preventive services and the SBHC as a resource in prevention and provision of comprehensive health care.

Evaluation Methods

- A survey of participants in the initial provider education program will be conducted (See Goal 1, Evaluation Methods); and provider information sessions in 2002 and 2003 to evaluate participants' understanding and application of information contained in the education sessions.
- Encounter data on all services provided to Salud! members by the SBHC will be collected and reported by the MCOs to HSD, according to the terms of the SBHC/MCO and HSD/MCO contracts.
- SBHCs will collect and report required data to DOH, using the SBHC-Pro Database or DOH approved equivalent system, and according to DOH's schedule for submission.
- Focus group interviews will be held in school year 2002-2003 and 2003-2004 with parents and legal guardians of SBHC users and with students to evaluate their satisfaction with services provided through the SBHC/MCO pilot project.
- The independent evaluator will compile data and analyze it.
- A sample of SBHC medical records will be reviewed in 2003 and 2004 for evidence that CSHCN children were identified; that the PCP was notified when the child was served in the SBHC; any Salud! members who needed care coordination/case management, PCP or specialty care were referred; project protocols were implemented; students receiving EPSDT screens are up-to-date

with immunizations; and coordination, as indicated, occurred among physical health and behavioral health providers.

Goal 4: To increase the integration of health care delivery systems

Objectives

- By the end of the project, MCO providers (PCPs, behavioral health and other specialists) working in the SBHC service areas will understand the role of the SBHC and MCOs in the delivery of care.
- By the end of the project, MCO, SBHC and DOH/HSD administrators will understand the role of the SBHC and the MCOs in the delivery of care in the SBHCs.
- Beginning with school year 2001-2002, all PCPs of students who present to the SBHC for care will be notified, using the communication notification and referral form, about the student's diagnosis and treatment at the SBHC.
- Beginning with school year 2001-2002, all SBHCs will receive instruction on how to bill timely and correctly.
- Beginning with school year 2001-2002, MCOs will pay clean claims in a timely manner, according to the terms of the SBHC/MCO contract.
- Beginning with FY 2002 4th quarter, MCOs will report encounter data to HSD on services provided in the SBHC pilot sites timely and correctly.
- Beginning with school year 2001-2002, SBHCs and MCOs will collaborate in health education and outreach programs and services.
- By the end of the project, communication between the SBHC and PCP and BHP will be facilitated through use of the communication notification and referral form.
- By the end of the project, key players (providers, administrators, students, parents) will want to continue the project and to expand it beyond the pilot phase to more SBHCs.

Activities and Interventions

- An initial SBHC/MCO provider education program will be developed by the end of July 2001 (See Goal 1, Activities/Interventions).

- A SBHC/MCO provider educational session will be held in August 2001 (See Goal 1, Activities/Interventions) and subsequent provider information sessions will be held in 2002 and 2003.
- Project staff and MCO staff, as needed, will perform on-site technical assistance to the SBHCs.
- Small ad hoc committees will be formed to assist in development and implementation of protocols and to address issues that arise, such as, but not limited to, clinical matters, care coordination, systems integration, data management and protocols.

Evaluation Methods

- A survey of participants in the provider education program will be conducted in August 2001 immediately prior to the program session, immediately following the program, and provider information sessions in 2002 and 2003 to evaluate participants' understanding and application of information contained in the education session.
- A short process evaluation survey will be conducted with project workgroup representatives at each quarterly meeting to document the progress of implementation and to make adjustments for improvement in the program.
- A satisfaction survey of providers working with each SBHC will be conducted in the spring of 2004 to evaluate the impact and outcomes of the project, as it relates to overall satisfaction with the contract agreement, best practices, collaboration goal and objectives, knowledge and attitudes about SBHCs and managed care, ease of communication, the effect of the workload associated with the project, and the end results of participation in the project.
- Project staff will audit of a sample of MCO paid claims from each SBHC site to evaluate the claims for timeliness of payment.
- HSD staff will evaluate submitted encounter data for accuracy and timeliness of submission.
- All data collected will be compiled and analyzed by the independent evaluator and reported at the end of the project.
- A cost effectiveness analysis of the project will be performed at the end of the project with HSD, DOH, the SBHCs and MCOs to evaluate the feasibility of continuing the SBHC/MCO relationship and of expanding the project beyond the grant period to other SBHC sites.

EVALUATION CHECKLIST

First Project Year (May 15, 2000 to May 14, 2001)

- Develop a SBHC/MCO contract template.
- Develop and implement the evaluation plan.
- Hold regular meetings of the project advisory board and committees.
- Form ad hoc committees, as necessary.
- Develop protocols for care coordination, communication and asthma.
- Develop an initial provider education/orientation program.

Second Project Year (May 15, 2001 to May 14, 2002)

- Hold regular meetings with the project advisory board and committees.
- Convene ad hoc committees, as indicated.
- Hold initial provider education program (August 2001).
- Distribute MCO provider manuals to SBHC sites.
- Implement project in SBHCs in school year 2001-2002.
- MCOs to communicate with PCPs regarding the SBHC project.
- Toll-free number is available for SBHCs to call MCOs and HSD.
- Meet with the HSD/New Mexico Medical Society Liaison Committee regarding the project.
- Develop outreach brochure.
- Meet with DOH school health advocates and school nurses.
- Meet with DOH medically fragile and DD waiver and children's medical services staff regarding the project.
- Utilize a youth theater group, as available in focus group sessions with SBHC sites to help to reach teens in the SBHC site.
- Develop protocols for EPSDT screens.
- Schedule meetings with the SBHC Community Advisory Committees.
- MCOs and project staff perform technical assistance, as needed

Third Project Year (May 15, 2002 to May 14, 2003)

- Hold regular meetings with the project advisory board and committees.
- Convene ad hoc committees, as indicated.
- Hold provider education update session (August 2002).
- Implement protocols for EPSDT screens and management of depression.
- Meet with SBHC Community Advisory Committees.
- MCOs and project staff provide technical assistance, as indicated.

Fourth Project Year (May 15, 2003 to May 14, 2004)

- Hold regular meetings with the project advisory board and committees.
- Hold provider education update session (August 2003).
- Implement protocols for obesity/type II diabetes.

- MCO and project staff provide technical assistance, as indicated.
- Meet with SBHC Community Advisory Committees.
- Meet with HSD/NM Medical Society Liaison Committee.

PROJECT EVALUATION METHODS

First Project Year (May 15, 2000 to May 14, 2001)

- Develop and implement evaluation plan.
- Conduct process evaluation with project advisory board.

Second Project Year (May 15, 2001 to May 14, 2002)

- Conduct two process evaluations with project advisory board.
- Survey participants in the initial provider education program immediately prior to and after the program session to evaluate participants' understanding and application of information contained in the program.
- Review goals, objectives, activities and evaluation strategies to track shifts, changes, effectiveness or non-effectiveness and make adjustments, as indicated.
- Map participation in program.
- Track unexpected/unintended events or outcomes, including both barriers and facilitators. Keep agendas, minutes, and record of attendance for all meetings.
- Begin collecting DOH SBHC Pro data.
- Hold focus group interviews of students and parents to evaluate their satisfaction with services provided through the SBHC/MCO pilot project and their understanding of the roles of the SBHC, MCOs and PCP and how they work together (spring of 2002).
- Involve the youth theater group, as available, in the focus group interviews.

Third Project Year (May 15, 2002 to May 15, 2003)

- Conduct two process evaluations with project advisory board.
- Survey participants in provider update program immediately prior to and after the program (August 2002).
- Review project goals, objectives, activities and evaluation strategies to track shifts, changes, effectiveness or non-effectiveness and make adjustments, as indicated.
- Map participation in the project.
- Track expected/unexpected events or outcomes.
- Collect DOH SBHC Pro data.
- Collect Salud! encounter data.
- Conduct a satisfaction survey with the MCOs and SBHC providers to evaluate the impact and outcomes of the project.
- Hold focus group interviews with students and parents (fall of 2002).
- Audit a sample of SBHC medical records (spring of 2003).

- Begin to compile and analyze DOH and Salud! encounter data.

Fourth Project Year (May 15, 2003 to May 14, 2004)

- Conduct two process evaluations with project advisory board.
- Survey participants in provider update program immediately prior to and after the program (August 2003).
- Review project goals, objectives, activities and evaluation strategies to track shifts, changes, effectiveness or non-effectiveness and make adjustments, as indicated.
- Map participation in the project.
- Track expected/unexpected events or outcomes.
- Collect DOH SBHC Pro data.
- Collect Salud! encounter data.
- Conduct a satisfaction survey with the MCOs and SBHC providers to evaluate the impact and outcomes of the project.
- Hold focus group interviews with students and parents (fall of 2003).
- Audit a sample of SBHC medical records (spring of 2004).
- Compile and analyze DOH and Salud! encounter data.
- Perform cost-effectiveness analysis of the project.
- Finalize evaluation of project and complete a Project Evaluation Report (by May 14, 2004).