**APIP Questions & Responses**

Clackamas County Health Centers Nurse Practitioners

Leah Wessenberg, Canby SBHC; Elizabeth Yiu, Oregon City SBHC; Kim Tinker, Sandy SBHC

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**How would you explain the value of the services you are providing?**

*Wessenberg*

Kids have the opportunity to get advice/treatment when they are thinking about/needing it. I am in a familiar and safe-feeling environment to them (their school). Many kids say they prefer to see me rather than their PCP, due to convenience and the more informal environment. I see kids who would not get timely medical attention otherwise, because they don’t have a PCP, or the parents are facing circumstances that make it hard to take kids to the doctor, or a kid has a problem that they simply don’t want to talk about with their parents and are seeking care on their own. I help coordinate services for kids who need more than I can provide but have no idea how to get it. I have the opportunity to be emerged in the community in which the kids interact every day, so I have an idea of the types of problems and challenges they are facing and can be better prepared to respond when they seek help. This is a distinct difference from traditional medical offices.

*Tinker*

It is the key to developing a healthy population. SBHC have the potential to provide consistent health care for 12 years in a student’s life. Repeated message of healthy living can profoundly influence a child’s life style choices. It is well known that in order to make changes in a population you need to educate and target children. In order to reduce health care costs in this country we need to have a healthy population of people. Instead of chasing diseases we need to prevent them. Most of which can be prevented through healthy living.

*Yiu*

The delivery model of SBHCs is to increase healthcare access among those who have little or are without. SBHC’s are of value as they allow students to be seen for health issues while ensuring decreased absences from school. With the services I provide, there is a large education component that in return helps to put preventive care on a platform that is “seen” by the students. Furthermore, I think that SBHCs increase the awareness of health maintenance and instill in young people the importance of taking responsibility and accountability for their own health.

**How would you check to see that the services are making a difference in your client population?**

*Wessenberg*

I think patient satisfaction surveys are helpful. Monitoring utilization trends. I think it would also be interesting to evaluate parent perception of the SBHC, and whether they have found it valuable to their family or whether they would consider using it in the future.

*Tinker*

With seeing children through the years and with EMR’s we can follow just about anything. This will help gage whether we are making changes.

*Yiu*

I think checking to see if there I am making a difference would be difficult as it would involve looking at patient outcomes, both short and long term, and comparing those populations that have access to an SBHC to those that do not. I do know that some students would not have been seen for their issues due to lack of funds or insurance had they not had access to the SBHC.

**What would your staffing look like?**

*Wessenberg / Tinker / Yiu*

* A nurse practitioner
* A behavioral health provider. Ideally, this person would be dedicated to the SBHC, as every encounter throughout the day for the dedicated behavioral health provider is counted towards SBHC productivity and billing, which helps with the sustainability of the clinic.
* Front office / Medical Assistant / Support staff person. Someone who is dedicated to the SBHC, and can provide a number of services: registration, check in, billing, stocking/organizing supplies, rooming patients/performing POC testing/blood draws and specimen collection when needed.
* Nutritionist
* Extended Practice Dental Hygienist (EPDH)

**Do you think you are reaching the right population?**

*Wessenberg*

Not necessarily. I think there is a great need probably for kids who are the most vulnerable, and a lot of them are at the alternative high school. Also, we aren’t really all that accessible to the younger kids in the district, being located within the high school. I do think that we are accessible to the majority of the high school students, who are the ones most likely to be seeking care without their parents, so in that way we are reaching probably the largest population likely to utilize the SBHC.

*Tinker*

Yes, K - 12

*Yiu*

It’s hard to be sure that I am reaching the right population. I am certain that I have been able to provide care to some students that may never have gotten them in the first place. There have also been a few instances where health issues were picked up in the early stages and addressed helping to avoid an emergency room visit and many waiting hours.

I know that there are some parents with children at other schools in the district that would like for their children to be seen at the SBHC but are unable to due to lack of transportation.

**Are you able to perform the right types of services?**

*Wessenberg*

Yes, mostly. But there are things that I wish I could do that would occasionally be helpful, like stitches and toenail removals. I haven’t been trained in this, and it’s unlikely I would encounter the need enough to maintain skills. Also, I am not sure how to go about ordering imaging tests and referrals. I usually defer both these services to outside clinics, either through Clackamas County, the student’s PCP, or the urgent care. I don’t feel like I have a system in place to make sure that I receive back imaging results in a timely manner, there is no one for a radiologist to talk to should they get results back after 3:30pm and need to talk to me, and I have no idea how to do or track referrals. Because Clackamas County clinics are available, I feel I have been able to get kids the help they need despite this.

*Tinker*

Yes but would like to be able to provide birth control some day

*Yiu*

A significant barrier that I have to providing appropriate services is lack of staffing. Without support staff all responsibility is on the provider. This includes taking labs, making phone calls, spending time fixing equipment, and taking inventory of supplies among other things that take away from being able to see more patients.

**What are the challenges working in a SBHC?**

*Tinker*

Most challenges are to understaffing and seeing an ever increasing population of students.

**What could alleviate some of those challenges?**

*Wessenberg*

Having a support staff person who could help coordinate referrals/imaging results/etc

A plan for after-hours calls from specialists/radiologists

*Tinker*

Better staffing

*Yiu*

Having more staff and an interdisciplinary team to work with (i.e. mental health counselors, other medical professionals, and dentists) would surely alleviate those challenges, but it would also result in providers being able to supply higher quality of care to those that access the SBHC.

**What about SBHCs made you want to work in one?**

*Wessenberg*

I like working with students

I like the school environment more than I like the clinic environment

I like being available for kids with problems ranging from small to large

The hours suit my family’s lifestyle

*Tinker*

The philosophy of every child has access to health care and the importance of prevention.

*Yiu*

I have a strong belief that healthcare is a human right and wanted to be part of a healthcare delivery model that was able to provide services to underinsured and uninsured populations.

**What is the best part of working in a SBHC and how could you build off of that?**

*Wessenberg*

The best part is making relationships with kids. Some of those kids trust and like the attention of adults, others take a while to open up. I like helping kids navigate their way through high school by helping them get/stay healthy, and just being another adult “role model” at the school. I think that the more exposure that the SBHC has in the school, the more likely kids are to want to utilize it. I try to build off of this when I can, by being present in classrooms teaching health-related topics and volunteering to participate in brief in-school events.

*Tinker*

Working with children

*Yiu*

SBHCs were created with the mission to increase access among underinsured and uninsured populations. It is a privilege to be part of something that introduces people to primary care that hopefully, in the long run, is able to improve patient outcomes and decrease the risks of developing chronic disease.