Position Statement: School-Based Health Centers and The Patient-Centered Medical Home

Purpose and Relevance: The patient-centered medical home (PCMH) is an innovative care delivery model designed to provide comprehensive primary care services to people of all ages by fostering partnerships between patients, families, health care providers and the community.1 The main characteristics of the PCMH, a concept developed by the American Academy of Pediatrics (AAP), are that care to children and adolescents is coordinated. continuous, accessible, comprehensive, culturally competent, and uniquely suited to each patient.² School-based health centers (SBHCs) have long integrated the essential components of the PCMH in their delivery of services to children, adolescents, and their families. At its core, the ideal SBHC model represents many key attributes of an advanced patient-centered primary care system for children and adolescents.

- SBHCs enhance access to high quality primary care by situating services in the most accessible location for young people: their schools.^{3,4,5}
- Because of their proximity and routine access to children and adolescents, SBHCs serve as the first (and sometimes only) contact or access point for *continuous* and *comprehensive* care for young people with complex medical, behavioral and social needs.⁶
- SBHCs utilize an interdisciplinary team approach to deliver coordinated primary care across physical,

- behavioral, emotional and social dimensions of health and within the context of family and community, as appropriate.⁷
- SBHCs effectively conduct behavioral and medical screenings to identify and manage chronic illness such as asthma and diabetes, sexually transmitted diseases, mental health disorders, and substance abuse, providing opportunities for early detection and identification of potential health problems within a population of schoolaged children and adolescents.

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Position Statement: NASBHC makes the following recommendations to assure that SBHCs are best positioned to serve the goals of the PCMH:

- Organizations developing PCMH standards and recognition programs should identify SBHCs among eligible primary care provider types.
- SBHCs should strive to adhere to PCMH standards required by public and private payers. Pursuit of PCMH recognition by SBHCs demonstrates the highest level of commitment to quality improvement and patient care.
- SBHCs must communicate encounter information with patients' designated primary care provider to ensure optimal coordination across primary care

partners, regardless of their ability to meet PCMH standards. Furthermore, communication between SBHCs and other providers caring for the child or adolescent should be reciprocal.

- SBHCs must assure that patient encounters in their clinic are attributed directly to the school site in order to be fully acknowledged and accounted for their specific contributions to the achievement of quality measures.
- Public and private payers should recognize the PCMH model of care as a mechanism to enhance the quality of primary care services and to improve care coordination for children and adolescents; and policies should not restrict utilization of – or compensation for – services provided at SBHCs.

Description of the Issue: National and state health care reforms place particular emphasis on enhancing the role of primary care, including the promotion of innovative care delivery models such as the PCMH. As a result, most states have developed or are in the process of developing PCMH payment programs designed to reward providers for delivering more effective health care and for ensuring care coordination across providers. PCMH recognition of SBHCs at national, state and local levels will help ensure that they are fundamental to this and other health care reform initiatives, including the formation of accountable care organizations.

Summary: NASBHC recommends practices and policies that recognize and reward the SBHC model in meeting the goals of a PCMH for children and adolescents.

References

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