School-Based Health Care
Expected Value-Return on Investment (EV-ROI)

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“You can’t educate a child who isn’t healthy, and you can’t keep children healthy who are not educated.”

Joycelyn Elders, MD, Former Surgeon General
New Mexico Alliance for School-Based Health Care

- Envisions healthy students who are ready to learn.

- Represents school-based health centers (SBHCs) in New Mexico and collaborates with other partners to promote, facilitate and advocate for comprehensive, culturally competent health care, including health education in schools.

- Please join us!
Advocates at a state, tribal, and federal level for funding to sustain NM SBHCs.

Secures strategic resources that sustain, grow, and integrate school-based health care into our health care and education systems.

Represents those who support, receive, and provide health care in NM’s schools.

Manages a statewide clearinghouse for SBHC resources, data, toolkits.

Provides leadership, technical assistance, and training to SBHCs in NM.
What is a School-Based Health Center?

A school-based health center brings the health care provider’s office into the school – where the kids are.

It provides a broad range of services that meet the specific physical, behavioral, and oral health needs of youth.
School-Based Health Centers Positively Impact Student Success:

- **Access to Care**: Offering convenient access to health care—at school—regardless of their ability to pay.

- **Prevention/Early Intervention**: Giving students medical attention when they need it, catching problems early on and preventing bigger problems later in life.

- **Reducing Barriers to Learning**: Keeping students healthy, in school and learning—and teachers focused on educating

- **Improving Attendance**: Reducing students’ time out of class and parents’ time away from work for health appointments.
Where SBHCs are located

Many SBHCs are on the campus of middle and high schools. Some are in elementary schools or serve entire school districts.
Services Offered

• Based on needs of and guidance by communities and schools

• *Primary Care* - annual exams, sports physicals, well-child care, care for acute and chronic illnesses, immunizations, reproductive health services

• *Behavioral Health Care* – identification of at-risk students, individual, group, and family therapy, alcohol and substance abuse counseling, violence and bullying prevention, outreach and education. *Studies demonstrate that adolescents are far more likely to come to SBHCs for mental health services than to other community providers.*
Data from New Mexico’s 56 DOH funded SBHCs (2012-2013)*

- Approximately 33,000 students had access to SBHC services
- 14,500 students received services
- 45,535 visits for primary care, behavior health and oral health
- Students average 3 visits to their SBHC each year

* New Mexico Welligent, 2012-2013 Data
What is ROI?

- ROI is another tool to capture the work that we do, beyond outputs and outcomes
- Putting our outcomes into economic terms is challenging
- We need to adapt the ROI model to fit public health and use it as a method for evaluating our outcomes and as a QA/QI tool.
WHY Return on Investment?

- The financial value of health outcomes has not previously been captured by the SBHC community.
- Ongoing and sustainable funding for SBHCs has always been an issue.
- ROI gives concrete financial evidence to external stakeholders – which translates to accountability to legislature, funders, sponsors and = SUSTAINABILITY
- ROI provides internal managers/providers with financial justification to serve more clients and/or get better results
NMASBHC EV-ROI

• “First generation” calculations and report pro bono from Melanie Ginn and Associates, LLC, from Kentucky

• EV-ROI - probabilities based on NM Welligent data for 56 SBHCs with attribution of values from evaluations in other states – conservative estimates!
EV-ROI Results in NM

- School-based health care yields a return of $6.07 for every dollar spent.
- Based on savings of $20.1 million from 8 measures against total annual budget of $3.3 million.
EV-ROI Methodology

- Global EV-ROI value for all 56 SBHCs

- EV-ROI values specific to:
  - 6 direct service intervention measures = costs to provide service based on cost per encounter X number of encounters for specific intervention
  - 2 indirect measures = cost savings resulting from SBHC services beyond direct service benefit to individual student
<table>
<thead>
<tr>
<th>SBHC Effect</th>
<th>Intervention</th>
<th>Total Annual Savings</th>
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</thead>
<tbody>
<tr>
<td><strong>ASTHMA</strong></td>
<td>SBHCs’ increased capacity to care for chronically ill children before they need more expensive care.</td>
<td><strong>$206,725</strong> for <strong>573 students receiving asthma care</strong></td>
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<td>Projected annual net hospitalization savings for asthmatic students</td>
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<tr>
<td><strong>STI Detection and Treatment</strong></td>
<td>SBHCs’ increased capacity to identify and treat students with STIs early in the disease.</td>
<td><strong>$692,827</strong> for <strong>219 students screened for gonorrhea and chlamydia</strong></td>
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<tr>
<td>Projected annual net savings from early detection and treatment of Sexually Transmitted Infections (STI)</td>
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<td><strong>Immunizations</strong></td>
<td>SBHCs provide immunizations, including flu vaccine.</td>
<td><strong>$54,092</strong> for prevention of estimated <strong>24 flu cases</strong></td>
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<tr>
<td>Projected annual net savings from reduced incidence of flu cases.</td>
<td></td>
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<tr>
<td>SBHC Effect</td>
<td>Intervention</td>
<td>Total Annual Savings</td>
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<tr>
<td>---------------------------</td>
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<tr>
<td>Behavioral Health Services</td>
<td>SBHCs’ increased capacity to provide on-site mental health services.</td>
<td>$1,033,216 for 670 students</td>
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<td>Projected lifetime Net</td>
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<td>Present Value (NPV) net</td>
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<tr>
<td>annual savings due to</td>
<td></td>
<td></td>
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<td>mental health services.</td>
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<tr>
<td>Prescription Medications</td>
<td>SBHCs prescribe less expensive, prevention-oriented drugs at an earlier stage of the disease than for students without access to SBHC.</td>
<td>$690,557 ($347 less than for students in schools without SBHCs)</td>
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<tr>
<td>Projected annual net</td>
<td></td>
<td></td>
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<tr>
<td>savings due to a projected decrease in prescription drug costs.</td>
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<tr>
<td>Dental</td>
<td>Some SBHCs provide dental check-ups and treatment, including dental sealant.</td>
<td>$119,501 (savings of $335/dental sealant for prevention of future cavities and associated costs)</td>
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<tr>
<td>Projected annual net</td>
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<tr>
<td>savings from application</td>
<td></td>
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<td>of dental sealants</td>
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<tr>
<td>SBHC Effect</td>
<td>Intervention</td>
<td>Total Annual or Lifetime Savings</td>
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<td><strong>Lost Work Hours</strong>&lt;br&gt;Annual savings to parents and/or their employers for less work time lost picking up a sick child from school and seeking treatment</td>
<td>SBHCs’ increased capacity and access to care for sick children</td>
<td>$736,262 for 15,702 encounters (50% of all encounters/visits require parent x 69% estimated parents in workforce ($46.88/encounter))</td>
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<td><strong>Higher Graduation rates</strong>&lt;br&gt;NPV of increased lifetime income tax dollars from incremental earnings of high school graduates</td>
<td>Higher graduation rates for seniors attending high schools with SBHCs (Graduates are a workforce answer Improved grades and attendance improve graduation.)</td>
<td>$13.9 million NPV for 5.3% improvement in graduation rate for 115 students ($121,726/student who graduates)</td>
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The Continuous Improvement Project

- Health Care Interventions
- Encounters
- Monetized ROI
- Prioritization of operations based on ROI
- Outcomes
Second Generation EV-ROI Measures?

- What other measures can we capture with the services provided at SBHCs?
SBHC Funding History

Number of Visits at SBHC Follow Levels of Funding

- Total Funds
- General Funds
- Medicaid Match

Funding Amounts

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Funds</th>
<th>General Funds</th>
<th>Medicaid Match</th>
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<tbody>
<tr>
<td>2006</td>
<td>5,143</td>
<td>39,735</td>
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<tr>
<td>2007</td>
<td>40,234</td>
<td>40,234</td>
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<tr>
<td>2008</td>
<td>43,421</td>
<td>43,421</td>
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<td>2009</td>
<td>60,817</td>
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<tr>
<td>2010</td>
<td>55,616</td>
<td>55,616</td>
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<tr>
<td>2011</td>
<td>41,981</td>
<td>41,981</td>
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<tr>
<td>2012</td>
<td>45,335</td>
<td>45,335</td>
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<td>2013</td>
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<td>2014</td>
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School Based Health Centers (SBHCs): We need them!

**FUNDING**
- Avg. DOH Contract: $62,800
- Max. Medicaid Billing Revenue: $150,000

**OUTCOMES**
- Positive Outcomes for NM Youth:
  - Mental health
  - School attendance
  - Academic performance
  - Immunization
  - Health care access
  - Youth Development
  - ER usage

**SERVICES**
- Annual operation costs: $300,000 for 5 days/wk

**ACCESS**
- 2012-13:
  - 14,500 students* made 45,535 visits to 56 DOH funded SBHCs
  - 40% have no other source of care

**PREVENTION**
- Services include:
  - Well-child checks
  - Immunizations
  - Behavioral health screening and tx
  - Injury prevention
  - Substance abuse screening
  - Dental screenings and varnishes

**YOUTH-FRIENDLY**
- What students say:
  - 93%: It's easy to make an appointment
  - 98%: Are comfortable at their SBHC
  - 89%: Are likely to follow SBHC's advice

*A recent study showed at minimum a 6 fold return on investment for NM SBHCs*
"Could someone help me with these? I'm late for math class."

THANK YOU!