

North Carolina School Health Center Performance Measures

1.0 Access to Health Care Performance Measures

OVERVIEW

Performance measures 1.1 through 1.11 are indicators of access to health care provided through School Health Centers (SHCs) including the number of young people, ages 10 to 19, using the SHC one or more times per year (unduplicated users), the number who have been enrolled in the SHC (those who use the SHC and, in addition, those who have parental or guardian permission but have not used the SHC), the number and type of procedures they were provided either at the SHC or through referrals, the number and rate of users covered by Health Check, Health Choice, the number and rate of the uninsured, and the number and rate with medical homes (Primary Care Providers). The performance measures that indicate the type of services provided at the SHCs are derived from billing codes as defined in the Current Procedural Terminology Codes as well as the NC Health Check Billing Guide (*CPT.Plus: A Comprehensive Guide to Current Procedural Terminology, 2011*, and *North Carolina Health Check Billing Guide, 2011*). The measures of “procedural visits” (performance measures 1.3, 1.4, 1.5 and 1.6) are based on these CPT codes that are associated with medical, preventive, mental and behavioral health and nutrition type services (see codes identified below and power point).

PERFORMANCE MEASURES

1.1 Total number of users:

A “user” is any young person between the ages of 10 to 19 years old who receives a service at a SHC one or more times during a school year. A SHC “user” is counted whether or not he or she is billed for services. This measure is an indicator of how many young people have been provided access to the SHC services in a school year.

1.2 Total number of enrollees (school-based centers only):

An “enrollee” is anyone between the ages of 10 to 19 years old, who has been registered and has written consent by a parent or guardian permitting them to use the school-based health center services during the school year. “Enrollees” include both youth who are using the services of the school-based health center and those who are not using the services but have permission to do so. It is also a measure of the successful outreach to parents and guardians that the school-based center has implemented during the school year.

1.3 Total number of medical procedural visits:

“Medical procedural visits” are the sums of the number of procedures that have been billed by the SHC for the following CPT Codes in a school year.

- Office Visit Codes (CPT 99201-99215, excluding CPT 99210)
- Surgical Procedural Codes (CPT 2000-3000)
- Pulmonary Procedure Codes (CPT 94010-94799)

1.4 Total number of preventive procedural visits: Age-appropriate/adolescent wellness visits, health risk screening assessments and adolescent immunizations.

“Preventive procedural visits” are the sum of the procedures that have been billed for the following CPT Codes in a school year as identified below:

- Preventive Medicine Service Codes (CPT 99383-99395)
- GAPS—Type Assessments (CPT 99420)
- Immunization Administration Codes (CPT 90470, 90471 & 90473)

1.5 Total number of behavioral and mental health procedural visits:

“Behavioral and mental health procedural visits” are the sum of the procedures that have been billed for the following CPT Codes in a school year:

- Psychiatric Diagnostic Interview Examinations (CPT 90801-90802)
- Psychotherapy Visits – Individual and Group (CPT 90804-90857)
- Pharmacological Management (CPT 90862)
- Preventive Medicine Counseling Visits - Individual and Groups - Early Intervention Mental Health Visits (CPT 99401-99404, 99411, 99412)
- Behavioral Change Intervention Codes (CPT 99406-99409)
- Psychological Testing (CPT 96101-96102)
- Substance Abuse Counseling Visits

1.6 Total number of nutrition procedural visits:

“Nutrition procedural visits” are the sum of the procedures that have been billed for following CPT Codes in a school year and also include a non-billable nutrition contact code:

- Medical Nutrition Therapy Codes (CPT 97802-97804)
- Non-Billable Nutrition Contacts (For reporting purposes only –LU239)

1.7 Total number and rate of enrollees covered by Medicaid and Health Choice (school-based health centers only*)

This performance measure is an indicator of outreach to students at school-based health centers who are eligible for Medicaid and Health Choice and have been provided access to services.

1.8 Total number and rate of users covered by Medicaid and Health Choice

This performance measure is an indicator of how effective the SHC has been in providing access to health care for young people with Medicaid and Health Choice. It measures both the effectiveness of the SHC in enrolling eligible young people in Medicaid and Health Choice and effectiveness in providing services to young people who are already enrolled in Medicaid and Health Choice. Unlike performance measure 1.7, this performance measure does not include students at school-based health centers who do not use SHC services.

1.9 Total number and rate of users who are uninsured

This performance measure is an indicator of how much access has been provided to students who do not have insurance coverage.

1.10 Total number of users with a Medical Home

SHCs are required to work collaboratively with primary care providers PCPs or “medical homes” according to Medicaid requirements and NC Quality Assurance Standards for

SHCs (Standards 1.1, 1.2 and 1.3). The purpose of this performance measure is to identify the number of students who use SHC services who have a medical home (PCP) where they receive medical services.

1.11 Total number and types of referrals for age-appropriate/adolescent annual wellness visits (Health Check, EPSDT), health risk screening assessments, mental and behavioral health services, nutrition services and immunizations

According to North Carolina Standards for School Health Centers, SHCs are responsible for facilitating and tracking referrals. This performance measure specifically focuses on referrals for preventive health services and mental/behavioral and nutrition health services.

2.0 Preventive Services and Health Promotion Performance Measures

OVERVIEW

According to the American Academy of Pediatrics (AAP) Committee on Adolescents and Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, the preventable health problems and rapid developmental changes of older children and adolescents are best addressed through health services that provide comprehensive preventive counseling and screening services, including annual preventive health care visits for adolescents between 11 and 21 years of age. One of the goals of Healthy People 2020 is to increase the proportion of adolescents who have had a wellness checkup in the past 12 months so that over three-quarters of adolescents, an increase of 10%, have annual wellness visits by 2020. The AAP Committee on Adolescents recommends that adolescent preventive visits include confidential screening (through trigger questionnaires, clinical interviews, or other means), early identification, appropriate preventive care interventions, and referrals for behavioral, emotional, and medical risk; education and counseling on behavioral, emotional, and medical risks to health; and recommended immunizations.

PERFORMANCE MEASURES

PM 2.1 Assuring or providing access to an annual adolescent wellness visit.

All students who use the School Health Center (SHC) and received an adolescent wellness visit within the last twelve months are included in this visit count. For Medicaid clients, an adolescent wellness visit is called the Health Check (EPSDT) Screening Assessment.

PM 2.2 Use of a comprehensive adolescent specific health risk assessment tool as part of the annual adolescent wellness visit that is conducted at the SHC.

Students should be provided evidence-driven, developmentally and age appropriate anticipatory guidance and counseling, treatment/interventions, referrals, and timely follow up as determined by the results of the assessments during the visit.

PM 2.3 Use of a comprehensive adolescent specific health risk assessment tool with any student who has been seen frequently (three or more times) at the center.

Students should be provided evidence-driven, developmentally and age appropriate anticipatory guidance and counseling, treatment/interventions, referrals, and timely follow up as determined by the results of the assessment.

PM 2.4 Access to Adolescent Immunizations:

Enrolled students ages 11 and older will be immunized with vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) that are required by the state of NC. Other Advisory Committee on Immunization Practices (ACIP) recommended vaccines should be promoted and provided as appropriate.

PM 2.5 Family Participation:

Families, parents and/or guardians of students who are treated at the SHC will receive family support and parenting interventions. Students who are seen at the SHC will receive support and interventions to help them to participate in and manage their own health care.

PM 2.6 Assessment and Counseling for Weight and Physical Activity:

Weight assessment and counseling for nutrition and physical activity are provided for all children and adolescents who use the SHC.

PM 2.7 Tobacco Use Counseling and Treatment

- a. The total number of students with comprehensive health assessments at the SHC or three or more SHC visits during the school year that receive both tobacco risk/use screening and evidence informed education/counseling and and/or referral as related to future or current use.
- b. The total number of students who visit the SHC and use tobacco who receive assistance in the center or through referral with smoking cessation through evidence informed counseling and the opportunity to participate in a tobacco reduction/cessation program.

3.0 Mental and Behavioral Health Performance Measures

OVERVIEW

Comprehensive School Health Centers are required to report on at least two mental health performance measures. Alternate centers that are focusing on mental health services are also required to report on two mental health performance measures.

PERFORMANCE MEASURES

PM 3.1: Number of students with a diagnosis of ADD/ADHD from a licensed health care provider who are in compliance with behavioral interventions/medication plans that have documentation of effectiveness.

This performance measure focuses on both the medical and mental health aspects of care. Centers are encouraged to consider incorporating this objective into their quality assurance program. The role for centers can be one of co-management with other health care providers.

PM 3.2: Number of students referred/presenting with inappropriate, violent or aggressive classroom behavior that:

- a. Receive a psychosocial assessment to determine intervention needs;
- b. Have a treatment plan;
- c. Participate in two or more behavioral health visits for psychosocial assessment/intervention/treatment, or reason for lack of continuation is documented and follow-up efforts noted; and
- d. Have documentation of client status in relation to treatment plan.

PM 3.3: Number of students presenting for treatment of one or more identified social skills/relationship health risk behavior(s)/condition(s) that:

- a. Receive a psychosocial assessment to determine intervention needs;
- b. Have a treatment plan;
- c. Participate in two or more behavioral health visits for psychosocial assessment/intervention/treatment, or reason for lack of continuation beyond one session is documented and follow-up efforts noted; and
- d. Have documentation of client status in relation to treatment plan.

PM 3.4: Number of students who are referred/presenting with symptoms of, or risk factors for, depression and/or anxiety that:

- a. Receive a psychosocial assessment to determine intervention needs;
- b. Have a treatment plan and/or referral and follow-up;
- c. Participate in two or more behavioral health visits for psychosocial assessment/intervention/treatment, or reason for lack of continuation beyond one session is documented and follow-up efforts noted; and
- d. Have documentation of client status in relation to treatment plan.

PM 3.5: Number of students with comprehensive health assessments and/or greater than three center visits during the school year and receive alcohol/drug risk/use screening and risk reduction education/counseling

- a. Students using alcohol and/or other drugs that are given the opportunity to participate in an alcohol and/or drug intervention program;
- b. Have a treatment plan and/or referral and follow-up;
- c. Participate in two or more behavioral health visits for psychosocial assessment/intervention/treatment, or reason for lack of continuation beyond one session is documented and follow-up efforts noted; and
- d. Have documentation of client status in relation to treatment plan.