

CAHC Productivity

Tips on increasing productivity in Child & Adolescent Health Centers



Relationships are key to building a solid client base and increasing visits



Integration into school culture is critical to visibility and success



Health Education plays an important role in increasing productivity

CAHC Productivity Studies

With wide variation and fluctuating trends in client and visit numbers across CAHCs, the MDHHS CAHC Quality & Evaluation Support Team (QuEST) guided a series of productivity studies to identify best practices in increasing productivity. The studies, conducted by CAHC staff in 10 health centers across Michigan, examined three areas (below) and identified practices in three key concepts that are related to higher client and visit numbers (right). Look inside to learn more!

1

CLIENT DATA

Number of clients, number and types of visits and top five diagnoses

2

STAFFING

Number and type of staff, number of hours staff worked each week

3

ACCESS

Number of hours and days health center was open and how staff time was spent

Increasing Productivity

Pinpointing Best Practices

After initial productivity study data was generated in each participating CAHC, QuEST processed observations with health center providers and administrators to verify accuracy of the data, determine factors that may have influenced the findings, and generate solutions to barriers to productivity. A pattern of findings emerged across CAHCs whether the health centers were school-based or school-linked. These findings were shared with members of the statewide advisory committee to the CAHC Program, and their own observations as health center administrators and staff have also been incorporated into this brief. Finally, a series of focus groups were conducted with health center users and non-users to determine what brought them in, or kept them away, from their health center. Their insights also informed the ideas presented here.

Pillars of Productivity

The three key concepts that emerged as central to increased productivity are **relationship building, integration into school culture, and provision of health education.**

Many of the ideas shared here to impact these pillars of productivity are simple and don't involve a lot of time or money; but they have the potential to yield big results by getting young people, school staff and parents familiar and comfortable with the health center staff (and vice versa). This can lead to an increase in the number of users and visits which in turn can lead to increased reimbursement and long-term sustainability.



The best practice findings presented in this brief are applicable to both school-based and school-linked health centers. Choose from among the ideas presented here and mix and match them with your own creative ideas for attracting new clients to your health center.

HOW DO YOU INCREASE YOUR CAHC PRODUCTIVITY?

We would love to hear what your health center does to boost client and visit productivity.

Email us at MDHHS-CAHC@michigan.gov with the subject heading “CAHC Productivity” so we can share ideas across CAHCs!



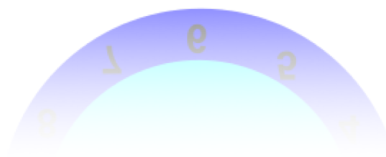
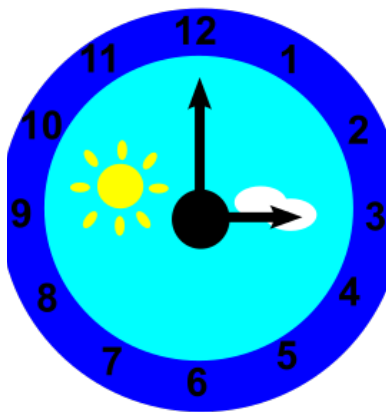
Relationship Building

The number of clients and visits is related to the number of hours a health center is open.

Young people have to know when the health center is open in order to use it and, by using it, build a relationship with the staff. This is more important than staff size, which was not found to be directly related to the number of clients seen or the number of visits provided. If a health center diverts clinical staff away from clinical duties and closes its doors to care too often, it will have a more difficult time reaching clients.

KEEP IN MIND

Staff FTE should allow for administrative duties, meetings and health education above and beyond time spent providing clinical services. For example, full clinical health centers must provide clinical care 30 hours per week at a minimum. But, the provider should work full-time (40 hours per week) to allow time for these other responsibilities.



Health centers in smaller schools (with less than 860 students) see a higher proportion of the student population than those in larger schools.

These health centers are also generally close to reaching 500 users even when the school enrollment is not much greater than 500.



KEEP IN MIND

Health centers may have greater visibility in smaller schools, so staff might have an easier time getting to know and earn the trust of students, parents and school staff. These relationships may contribute to greater use of these health centers. In rural areas, limited access to health care may also lead to more frequent use of health centers. Health centers in larger schools may need to do a little more outreach to build relationships and increase utilization of the health center.

Staff turnover may necessitate focused efforts in relationship-building so that partners continue to know, value and trust each other. New provider orientation should include a focus on building relationships and setting goals for establishing strong school ties.

- ▶ Who do you need to have strong relationships with to promote your health center?
- ▶ Who are the health center champions in your school and parent community?

Integration

Consistent integration into the school culture through outreach and involvement in school activities should be a priority for all health centers in order to increase visibility and build strong relationships.

We know that most health centers have a presence at school orientation, back-to-school events and parent/teacher conferences. We know, too, that most also work to secure a spot on agendas for professional development days and staff meetings. Talking about health center services and issues affecting youth in your school and community with parents and school staff at these events helps create a dialogue about what your health center can do to help kids stay healthy, stay in school and learn better.

But what about other opportunities to interact with parents, school staff and students? Attending athletic events, concerts, plays and other school events offers opportunity to integrate into the school culture in a fun way by interacting in “neutral territory” that may feel less threatening to young people and their parents.

- ▶ Is your health center staff taking turns manning school events with information tables, complete with health center brochures, consent forms, health education materials and fun giveaway items?
- ▶ Where else can you find students, parents and school staff where you can get to know them, and they can get to know you, outside of the health center?

KEEP IN MIND

Don't forget about the Athletic Director and coaches. Ask to attend a practice of every sport in every season. Hand out health center brochures, consent forms, information on physicals, and other helpful information.

Put summer camps, scrimmages and practices on your calendar. Many club sports run during the summer that students may take part in, too, and they may practice at the school facilities. Show up in person or put up posters or flyers to remind athletes, coaches and parents that the health center is open during the summer and can provide services like physicals and evaluation and treatment of minor injuries.

Greet students in high-traffic, common areas before and after school, during lunch and prep hours, as time allows.

This is as simple as having one staff member in the hallway to say “hello” before and after school and in between classes. Lunch hour can be spent eating with students and providing a “lunch and learn” series with games, trivia, and raffles.

Keep Your Name Out There

Make shirts, jackets, rubber bracelets, pencils and more with the health center name and logo. Wear them or give them away at school events. Use these items as raffle prizes or throw them into the crowd.

Ask students and school staff to wear a designated color on their shirts, scarves, ties, shoes and other accessories once per month to promote the health center.

Involvement students in designing posters and other promotional materials.

Ask the health center's youth advisory council, student council, clubs like SADD, and teachers in art, graphic arts, and technology classes to run a contest or give an assignment promoting the health center or around a health-related theme. Looking for ideas? Coordinate your promotions with seasonal themes and events like these:

- ▶ Halloween: Nutrition
- ▶ Thanksgiving: Positive mental health, depression and suicide awareness
- ▶ Valentines' Day: Dating violence
- ▶ Spring Break: Alcohol awareness, STIs
- ▶ Graduation: Transitioning to "adult care" and tips for good self-care



- ▶ Display all artwork entered into contests or assigned to students in the health center to draw students through your door. Artists are proud to show their work to their friends!
- ▶ Photography is art, too. Display shots of school events in the health center, feature them in your newsletter, or post them on your health center website or other social media accounts.

Health Education

Health education is more important than other community meetings for a return on investment of time.

Health centers whose staff spend a large number of hours in general community meetings (not including Community Advisory Council/CAC meetings) do not show a higher number of users or visits. In fact, a high number of hours spent outside the health center was shown to negatively impact productivity in the productivity studies. Provision of health education and meeting with the CAC and youth advisory council is a better investment of time.



Health centers that provide a moderate amount of health education (20 hours per quarter) see a greater proportion of students and tend to have a higher number of unduplicated users.

Familiarity with the health center gained from classroom or after school education likely contributes to greater comfort level in accessing services. Health education must be balanced with clinical time but providing at least some level of health education in schools yields benefits in productivity.

Health education and outreach may be of particular importance to school-linked centers and to school-based centers where populations may be transient, or where there is diversity in the racial/ethnic population.

Health education allows young people to become familiar with the health center staff and services, builds trust, and increases comfort level in accessing services. We know that disparity exists in health and in health risk behavior in many populations. Tailoring health education to the needs of your specific population is not only more effective in terms of impacting knowledge, attitude and behavioral outcomes, but can also help young people view the health center as a place that understands them and as a safe place to go for health care.



For school-linked health centers, providing health education in community schools increases awareness of the health center among the student population and may be the best way for young people to learn about the health center, the services offered, and how to access them.



► What teachers do you have relationships with that your health center can build on to get into the classroom?

► Think about classes like health, physical education, home economics, science and more. What topics are being presented in the curriculum that allows for integration with areas of health education that the health center staff can provide?

- In addition to the longer evidence-based interventions the health center provides, guest lecture on different topics. Offer a few shorter education sessions and/or spread education out over a longer period of time to keep the health center visible.
- Ask teachers what the health center can do to meet mutual goals e.g., work with a teacher to give a writing assignment on a health-related topic that you are trying to raise awareness of in the school.

A Final Thought on Improving Productivity

Regularly assess your health center and school environments.

It's important from time to time to take a step back and think about both your health center and school environments for other factors that may be impacting client and visit productivity. This is not an exhaustive list of questions to ask yourself, but they provide a starting point for making sure your health center is in synch with your clients, school and community; and can point out changes or tweaks that might improve the client experience and maintain or increase productivity.

Big Picture Questions

- ▶ Is the school seeing a significant decline in enrollment? If so, what does that mean for the long-term plan for this health center?
- ▶ Are young people using their own primary care provider or other sources of care? If so, how can we partner with these other sources of care in the community?

Confidentiality/Privacy

- ▶ Do young people understand confidentiality and privacy as they relate to services they can seek at the health center? How do I know they understand both of these concepts?
- ▶ Are these concepts explained to clients verbally and in writing? What is the reading level of the material the health center provides on these concepts?

Environment

- ▶ Is this health center really child or adolescent "friendly" - and how do I know that?
- ▶ Is the paint color, furniture, artwork and reading material age-appropriate and age-appealing? Have I asked my clients about any of these?
- ▶ If I was a young person using this health center, would I feel comfortable coming here? Why or why not?



- ▶ Have I asked my clients lately what they think about the health center environment? If yes, what did they say? (If not, it's time to ask!)
- ▶ What do the client satisfaction survey results say about the health center?
- ▶ Does the health center staff (including me) connect with clients or is there more that could be done to foster good relationships?
- ▶ Are there gatekeepers or school policies that are preventing students from using the health center?

Find these and other CAHC resources on the Child & Adolescent Health Center website at:

www.michigan.gov/cahc

PROACTIVE REMINDERS

STEPS TO INCREASE YOUR PERFORMANCE IN PREVENTIVE CARE

As the health care system transforms to encompass a greater focus on prevention, with an eye on lowering health care costs, it is increasingly important for health care providers to outreach to clients to schedule and provide preventive health care exams and immunizations against vaccine-preventable disease.

Performance metrics across fiduciaries, health plans/payers, and national quality standards include immunizations and "well" exams.

How have CAHCs worked toward increasing physical exams and immunizations?

What strategies have been incorporated into practice as proactive measures?

What has proved successful?

HERE IS WHAT WE KNOW!

Increases in physical exams and immunizations are most notable among health centers that:

- Use a combination of strategies across the three domains: clinical practice, family and community outreach, and school outreach.
- Use strategies throughout the year. Once is not enough!

IN FISCAL YEAR 2013, MICHIGAN CAHCs:

- Provided more than 12,000 physical exams
- Reported routine well child visits and general exams (e.g., sports, camp & employment) as the most frequent primary care diagnosis
- Gave more than 25,000 immunizations

*All strategies compiled from FY13 report documents

MENTAL HEALTH

CHILD AND ADOLESCENT HEALTH CENTERS (CAHCs) PROVIDE EVIDENCE-BASED INTERVENTIONS, WITH MEASURABLE OUTCOMES, IN AN EFFORT TO IMPACT AREAS OF HIGH RISK FOR CHILDREN AND YOUTH.

In Fiscal Year 2013, 1 out of 5 visits to a health center were for a mental health related issue.

Mental health issues are a high risk problem for some youth who access the CAHCs, often causing missed school days which can negatively impact academics and social interactions.

WHAT CAHCs DO TO IMPACT THIS PROBLEM:

Know who our clients are:

- CAHC providers and staff recognize and track youth with mental health concerns requiring a specific level of service.
- Clinicians use assessment and treatment plans to monitor progress towards mental health goals.

Provide high quality mental health care:

- All providers are masters prepared and licensed as regulated by the State of Michigan. They provide individual and/or family sessions and consult evidence-based treatment groups. Clinicians offer referrals to community resources such as psychiatric services, screening and assessment as needed. CAHCs maintain a short waiting list. All students receive services regardless of insurance status.
- CAHC providers manage in-school emotional difficulties, counsel the student and return them to class.

Offer learning opportunities:

- Mental health providers educate students, staff, community and family members regarding the signs and symptoms of a mental health concern. CAHCs provide a range of age appropriate services, education programs and resources. Content covers the basics for understanding mental health issues, triggers, coping skills and safety plans.

Work with families and community providers:

- CAHCs involve families in the development of the student service plan as needed.
- Providers communicate with the other community agencies to assure CAHCs collaborate with community to increase awareness and decrease issues.

*All strategies compiled from FY13 report documents

CONTINUOUS QUALITY IMPROVEMENT

An important "piece of the puzzle" in your quest for best practice

Did you ever wonder what your Child and Adolescent Health Center (CAHC) peers are looking at in their continuous quality improvement (CQI) initiatives? What about other CAHCs' thresholds for common indicators? This snapshot will demonstrate where other CAHCs are concentrating their CQI efforts. Put your puzzle together to determine the best care for children and adolescents.

CHRONIC DISEASE: ASTHMA

CHILD AND ADOLESCENT HEALTH CENTERS (CAHCs) PROVIDE EVIDENCE-BASED INTERVENTIONS, WITH MEASURABLE OUTCOMES, IN AN EFFORT TO IMPACT AREAS OF HIGH RISK FOR CHILDREN AND YOUTH.

Asthma is an example of chronic disease that is a high risk problem for some youth who access the CAHCs, often causing missed school days.

Nearly **10%** of all CAHC clients (3,000 youth) have asthma.

WHAT CAHCs DO TO IMPACT THIS PROBLEM:

Know who our clients are with asthma:

- CAHC providers and staff recognize and track youth with chronic disease as a "special population" requiring a specific level of service.
- Using an asthma roster is a great way to target this group for flu shot completion!

Offer learning opportunities:

- For youth, a key part of effectively managing asthma is learning about this chronic condition. CAHCs provide a range of age appropriate asthma education programs. Program content covers the basics for understanding the disease process, medications, triggers, self monitoring, and emergency plans.

Provide high quality asthma specific care:

- CAHC providers manage "in school" asthma episodes. An episode triggered by weather on the way to school, by gym class, or an emotional upset can be treated and the student returned to class.
- Providers use the special population roster to see clients with asthma for "check in" visits. Evidence based guidelines provide the framework for a comprehensive assessment of asthma status and the initiation of appropriate care.

Work with families and community providers:

- Youth with chronic disease must have medications, access to care, and health insurance. CAHCs help families meet these needs.
- Providers communicate with the family's primary care provider and other community agencies to assure continuity of care.

*All strategies compiled from FY13 report documents

PROMOTING HEALTHY WEIGHT

CHILD AND ADOLESCENT HEALTH CENTERS (CAHCs) PROVIDE EVIDENCE-BASED INTERVENTIONS, WITH MEASURABLE OUTCOMES, IN AN EFFORT TO IMPACT AREAS OF HIGH RISK FOR CHILDREN AND YOUTH.

WHAT CAHCs DO TO PROMOTE HEALTHY WEIGHT:

Provide well-child care:

- Measure weight, height and Body Mass Index on all clients.
- Use nutrition surveys to gather dietary and lifestyle information along with information on food access, home appliances, and family history.
- Provide developmentally-appropriate anticipatory guidance on growth and healthy lifestyle.

Provide high quality care specific to unhealthy weight:

- Clients with unhealthy weight are evaluated and managed based on the 2007 "Expert Committee Recommendations Regarding the Prevention, Assessment and Treatment of Childhood and Adolescent Overweight and Obesity."
- Individual counseling is provided for clients and their families.
- CAHC providers communicate with primary care providers to assure continuity of care.

Offer learning opportunities:

- CAHCs implement evidence-based programs on nutrition and/or physical activity in classrooms, small group offerings, "clubs" format, and as individual one-on-one sessions.
- Health fairs, food tastings, cooking demonstrations, and parent education supplement traditional evidence-based programming.

Work with families and communities:

- CAHCs join with their school partners to make healthy food and physical activity available during the school day.
- CAHC staff work with community agencies to provide resources to families to combat food shortages.

*All strategies compiled from FY13 report documents

CAHC CQI PROJECTS

- 86% reported on a combination of mental health and process indicators
- 100% reported on medical indicators
- 80% used measurable indicators with thresholds for standards of care
- 65% of reporting CAHCs use their multidisciplinary team as the CQI committee
- 100% used an indicator to measure a Meaningful Use, HEDIS, PCMH, or provider performance standard

WANT DETAILS?
LOOK INSIDE for answers and ideas for your practice!

