RMC Health Care Committee
April 5, 2016, 1pm- 3pm,
Via conference call
Meeting Minutes

Participants:
Tom McLoughlin, Justine Springer, Lara Wilson, Karen Kverno, Holly Ireland, Michael Franklin, Meredith Donaho, Charlotte Davis, Dr. David Pruitt, Kerry Palakanis, Lori Weddell, Neal Reynolds
Guest Speaker: Dr. Cheryl De Pinto, MD, MPH, DHMH

Convene Meeting
The meeting convened at approximately 1:05 pm.

Dr. De Pinto's Presentation – Maryland School Health Services Program Overview
Dr. De Pinto provided a presentation on school health services in Maryland, including definitions of school health, framework, intra/inter-agency collaborations, School Based Health Centers (SBHC), staffing models, major activities, etc. The PowerPoint was distributed to all committee members prior to the meeting.

Several questions which arose following the presentation included:
Q: Through the recommendation process, how does information on a student become coordinated between schools and health providers?
A: Each student has an education record and health info becomes a part of the record. If a student has a need their record is flagged to indicate a health assessment needs to be made. Parents are urged to report to the school how a child's health may impact their education. In some cases, a plan may be developed for a student to receive services in-school or receive a referral. If a student has a community-based referral, there is an expectation to work with a local health department for appropriate health services, while maintaining confidentiality of health records. In School Based Health Centers, health and education records are kept separate; DHMH provides info and templates for record-keeping.

Q: If a student has an obvious need, but a provider does not exist in the community, what can be done to provide services to a student?
A: There are a variety of local collaborators including school health councils in each jurisdiction, including the Local Health Improvement Council (LHIC), which conduct community health needs assessments. It is also possible to find out the resources available in other neighboring counties and how to achieve economies of scale to provide needed services; an example of this is University of Maryland School of Mental Health, which has expanded to parts of the state.

Q: What is the difference between School Based Health Centers & School Based Wellness Centers?
A: They are the same thing; same processes; "health" and "wellness" are just interchanged.

Q: How is parental consent given in SBHC?
A: In normal school settings, a child must be enrolled in school and a parent must fill out form to consent. HIPA rules dictate that PCP must sign-off before SBHC can interact with a child. In other cases, parents fill out consent form at beginning of year and the child is considered enrolled. In some cases, in the event a consent form is not received, a nurse can still call parent and receive verbal permission if they believe it will help child.

Q: What barriers are there to getting approved for telehealth services?
A: In Howard County, there is a telehealth program in the schools which deals primarily with primary urgent care. It allows for heart, lungs, asthma, and skin assessments – waist-up assessments that do not require physical touch. Images are transmitted to remote provider, who is also the biller. PCP can see children in SBHC via telehealth technology, nurses act as the presenters. The challenges are satisfying Medicaid requirements to bill, if the volume of patients received makes it a necessary investment in technology, current pilot programs do not provide full spectrum of services available, and some prefer the SBHC provide full services and use telehealth as a component.

Meeting Minutes Review

The minutes from the January 5th meeting were reviewed, no questions or recommendations for changes were offered. Neal Reynolds made a motion to accept the minutes, no one seconded, all were in favor. The minutes were accepted.

Letter to Physicians

The Healthy Kids/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program letter to physicians was updated. A list of physicians was obtained from the Board of Physicians; it has been filtered to 3,724 contacts for rural, general practice physicians. Work will continue on the letter and it will be reviewed at the next meeting.

Med Chi

Tom asked for thoughts from the committee on the prospect of partnering with Med Chi as a strategic partner, including how to approach them with a partnership and if it will help further the committee's objectives. Feedback included that it will be helpful, the idea will be further considered and brought to the next meeting.

Other Issues

A review of the Pediatric Board Nurse Certification Program was discussed, including the Pediatric Mental Health Specialist Certification Program. A review of and request for insight into its applicability were discussed, including the idea RMC would promote it as a way to expand the role of providers in response to shortages of psychiatrists in rural areas, it will advance health providers' roles, will work to meet unmet needs in communities, and helps providers treating children screen them for mental health issues better. The Committee concluded promoting the program would be a good direction, further discussion will ensue.

Holly Ireland mentioned that a Behavioral Health Integration Work Group Training would be offered in the fall, a rescheduled date from earlier in the year, and asked the Committee to share the training with colleagues. The training will involve incorporation of screenings for substance use disorders in pediatric screenings. The RMC will share the training info with members in its upcoming newsletter.

Next Meeting & Adjournment

May 3, 2016 – most likely will include Dr. Pruitt's colleague as guest speaker, in-person meeting**.**
There being no further business to be brought to the Committee, the meeting was adjourned at approximately 3:00 PM.