

How School-Based Health Centers Intersect Arkansas Healthcare System Reform: Episodes of Care

Episodes of Care is part of the Arkansas Health Care Payment Improvement Initiative, providing a value-based payment model for delivery of treatment for acute, or short-term medical conditions and procedure. For each established episode, the main decision-maker for most of the care provided during the episode is designated as the principal accountable provider (PAP). This provider is responsible for coordinating with other providers who may also see the patient during that time. In order to maintain high quality and establish acceptable cost levels, historical costs and evidence-based standards for appropriate care have been used to determine an achievable cost range—called thresholds—for all of the care a patient receives within a certain period of time for each episode. PAPs are subject to both upside and downside cost sharing with regard to meeting established thresholds. Detailed information on Arkansas’s Episodes of Care payment model is available at www.paymentinitiative.org. Year-Two statewide results are available at www.achi.net/docs/338.

Several Episodes of Care currently in place impact children. In some cases, physicians serving a School-Based Health Center (SBHC) may be the designated PAP for certain episodes. For other episodes, where the PAP is a hospital or specialty care provider, the SBHC is ideally situated to work with the PAP to successful completion of an episode. Because SBHCs offer easy access for children, they can help ensure that follow-up appointments and other quality measures are met and that unnecessary complications are avoided. As part of the episode team SBHCs provide PAPs with an improved opportunity to achieve commendable results and better patient outcomes.

Currently Implemented Episodes of Care Relevant to School-Based Health Centers

- **Attention Deficit Hyperactivity Disorder (ADHD).** The PAP is the provider (primary care or mental health provider) with the majority of visits for a patient. SBHCs provide a convenient location for students to receive counselling and for monitoring adherence to medication schedules. In addition, the integration of learning and health services environments provide an opportunity to successfully employ alternative therapies.
- **Upper Respiratory Infection (URI).** The PAP is the initial diagnosing clinician. Quality metrics include appropriate testing prior to antibiotic use. Most URIs are viral infections that are unaffected by antibiotics, though antibiotics are routinely prescribed. This episode encourages efficient treatment including follow-up appointments, as well as urging physicians to better manage prescribing antibiotics.
- **Tonsillectomy.** This episode is triggered by an outpatient tonsillectomy, adenoidectomy, or adeno-tonsillectomy procedure, and a primary or secondary diagnosis indicating conditions that require tonsillectomy/adenoidectomy. The PAP is the provider performing the procedure. One of the quality metrics associated with this episode is avoidance of post-operative antibiotic prescriptions. Coordination with the SBCH for follow-up care can help avoid post-operative complications.
- **Oppositional Defiant Disorder (ODD).** Triggered by three medical claims with a primary diagnosis of ODD, this is a 90-day episode beginning on the first day of treatment; the PAP is the provider (primary care physician, psychiatrist, or licensed clinical psychologist) who delivers the majority of care. The convenient location, integration of learning and health services environments, and coordination with primary care make SBHCs an ideal partner in treating and monitoring students experiencing this episode of care.
- **Asthma.** The trigger for this episode is an emergency department, observation room, or inpatient visit for treatment of an acute exacerbation of asthma. The PAP is the inpatient or outpatient facility providing treatment that starts the episode. SBHCs provide an optimum environment for managing associated quality metrics including post-discharge follow-up visits, appropriate use of controller medication, and avoidance of repeat acute exacerbations.