

The Role of the Primary Care Physician in School Health: The Wayne County Experience

Dave Tayloe Jr., MD, FAAP

In 1997, Sissy Lee-Elmore, director of Community Outreach for Wayne Memorial Hospital, received a call from The Duke Endowment asking Wayne Memorial to accept funding to establish two school-based health centers in the Wayne County Public Schools. This opportunity arose because Wayne County had the 9th most uninsured school-aged children in North Carolina. The Duke Endowment chose to address the problem of the uninsured school-aged child by partnering with hospitals to make comprehensive primary health care services available in the schools. Ms. Lee-Elmore called me, senior partner of Goldsboro Pediatrics, to discuss this opportunity since the hospital was not interested in promoting school-based health centers if the only pediatric practice in the county was opposed to the concept.

My background as a community pediatrician and former member of both the Goldsboro City Schools' Board of Education (1983-1991) and the merger board that consolidated the Goldsboro and Wayne County Schools (1991-1992) had taught me the value of a good school health program. Most pediatricians enter practice with the notion that all infants, children, and adolescents will be brought to their offices for comprehensive health services according to the schedule for health supervision recommended by the American Academy of Pediatrics. My practice experience taught me that children do not choose their parents or their special needs and that some parents make the effort to bring their children in for all recommended health services, and other parents, for a variety of reasons, do not come to a doctor's office unless the child is really sick or in need of the doctor's signature on a form to enter some school, community, or summer camp program. As a member of the Board of Education, I learned firsthand the value of user-friendly school-based health services.

In the mid-1980s, the School Board was faced with a serious adolescent pregnancy problem in a local high school. The Board invited a young, energetic, enthusiastic, and culturally-effective health educator to leave the Wayne County Health Department and work full-time in the schools to address the adolescent pregnancy issue. The associate superintendent and I were the supervisors for the health educator, making sure that the program was abstinence-based and did not conflict with state law. The Board learned that if the health educator promoted abstinence as the best way to prevent complications of adolescent sexuality,

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this on-site health professional and friend of the students could teach classes on sexuality, answer students' questions about sexuality, and refer students to the Health Department or to a community physician for necessary health services including contraception, prenatal care, treatment of sexually transmitted infections, or even to discuss abortion. The schools partnered with the Wayne Action Group for Economic Solvency to place a daycare center across the street from the high school so that student mothers could attend school as many days as possible, thus preventing drop-out. In just a year or so from the start of this program, pregnancy rates at the high school were cut in half.

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I had become a convert to the idea that pediatricians must include the concept of the medical home in schools so that all children have access to the comprehensive health services they might need at any given point during their growth and development.

I also knew that in spite of pediatricians' willingness to provide office-based health services for school-aged children, 80% of pediatricians' time was consumed by caring for babies and preschool children. For a variety of psychosocial and economic reasons, school-aged children do not often come to pediatricians for regular health supervision visits. I also knew that many of the really expensive and tragic outcomes in childhood (juvenile crime, substance abuse including tobacco, adolescent pregnancy, sexually transmitted infections including HIV, obesity, type 2 diabetes, school failure, school drop-out, serious mental health disorders, suicide, homicide, and uncontrolled asthma) could only be addressed by offering school-aged children user-friendly comprehensive health services. So when the hospital called, I immediately committed Goldsboro Pediatrics to supporting the hospital in bringing school-based health centers to the Wayne County Public Schools.

With support and interest from The Duke Endowment, the hospital accepted the challenge of organizing a planning team that consisted of school, hospital, medical, and community partners to develop a proposal for establishing school-based health centers in two schools. This group also determined what resources various community agencies could commit to establishing and sustaining the program. A written proposal was submitted to The Duke Endowment and the Robert Wood Johnson Foundation. In meeting the requirements for funding by the Robert Wood Johnson Foundation (\$492,000 for the first three years of the program), the Wayne Initiative for School Health (WISH) Program was established as a 501(c)(3) nonprofit corporation. The WISH Board initially included the CEO of Wayne Memorial Hospital, the director of the Wayne County Department of Public Health, the director of the Wayne County Department of Social Services, the clinical director of the Wayne County Mental Health Center, a member of the Wayne County Board of Education, the director of the Communities in Schools Program, and myself, president of Goldsboro Pediatrics. I agreed to serve as chairperson of the Board and medical director of WISH. The Board chose to place the first centers in two middle schools, one in Goldsboro and one in the southern part of the county. Middle schools were selected because of the special needs of the early adolescent population and the fact that many early adolescents do not receive comprehensive health services in physicians' offices. Sissy Lee-Elmore served as the director of the WISH Program until the WISH Board hired Phyllis Hill, RN, to be the director of the program.

The hospital agreed to allow the employees of WISH to become hospital employees, so that the employees would have affordable benefits such as health insurance. The WISH Program sends money to the hospital to cover the salaries and benefits of the employees. The hospital provides salary and benefits for the director of the WISH Program, and I, as an extension of the hospital administration, serve as the director's "department supervisor," filling out a complete hospital

employee evaluation instrument on the director every year. The hospital also provides in-kind accounting services for the WISH Program. As a requirement linked to Robert Wood Johnson Foundation funding, WISH became the first school-based health center program in North Carolina to bill for services. WISH reimbursement comes from Medicaid, NC Health Choice (SCHIP), and self-pay. WISH is working with private insurance companies to obtain reimbursement for services rendered by mid-level practitioners in the centers. WISH has never pursued collection of unpaid private balances of the students enrolled in WISH. The program generates about \$20,000 in revenue from each center during a given year. The cost of operating a center (not including in-kind services and equipment) is about \$125,000 per year.

The Wayne County Mental Health Center agreed to provide on-site mental health services in the WISH centers for students identified by the WISH staff as having significant mental health problems. As the state mental health system has evolved, private sector mental health professionals now provide on-site mental health services for WISH. Currently, all six WISH Centers have mental health professionals on-site for an average of 16-36 hours per week per center.

The Health Department agreed to provide a registered dietitian to make nutritional information and medical nutrition services available to students. Currently, this commitment means that two registered dietitians provide a total of 16 hours of services a week for WISH.

The Department of Social Services provides an on-site eligibility specialist for the WISH Program so that as many students as possible can have Medicaid or Health Choice benefits. WISH staff calls upon the eligibility specialist as needed.

Wayne County Public Schools agreed to provide the WISH centers with space (1,600-2,000 square feet per center), including the cost of construction and remodeling, in-kind maintenance, and utilities. The WISH Program pays its own phone bills and provides furniture and equipment for the centers.

Goldsboro Pediatrics provides medical supervision and on-call medical consultations for the mid-level providers. The practice also provides students enrolled in WISH with access to a physician seven days a week, 24 hours a day, and gives each center the funding necessary to purchase laboratory equipment and supplies. Currently, the electronic health record system of Goldsboro Pediatrics is installed in each WISH Center to prevent duplication of services and to assure continuity of care for complicated patients who receive services in the centers and in the practice. Goldsboro Pediatrics is the only pediatric practice in Wayne County and operates four offices in the Wayne County area.

Thanks to the tireless efforts of Phyllis Hill, RN, and her staff, WISH has been able to maintain funding for the program through private foundations, state and local government, in-kind donations, and revenues generated by the provision of direct patient services. We have expanded the program to include four middle schools and two high schools, so that students enrolled in WISH in the 5th grade can be followed through high school graduation by WISH staff. Each WISH center has a half-time

mid-level practitioner (20 hours per week), a full-time nurse, and clerical staff three to four days a week. The staff coordinate mental health, nutrition, and health education services offered to the enrollees in WISH. Approximately 86% of the children who attend the WISH schools are enrolled in WISH.

WISH has partnered with the hospital's WATCH (Wayne Action Team for Community Health) program and through the mentorship opportunities of the Pediatric Leadership Alliance of the American Academy of Pediatrics has established a health education program that currently is funded by the Wayne County Public Schools so there is a full-time, culturally-effective health educator at Goldsboro High School. She works with the WISH staff to ensure at-risk students have access to good health information.

Goldsboro Pediatrics has partnered with the Wayne County Public Schools to obtain state funding for six Child Family Support Teams (CFST) comprised of nurses and social workers, and three of those teams work in elementary schools that feed the WISH schools.

Goldsboro Pediatrics, through a grant from the Community Access to Child Health Program (CATCH) of the American Academy of Pediatrics, is currently implementing a mental health initiative in collaboration with one CFST at one elementary school to address the psychosocial needs of at-risk elementary school students.

In the early 1990s, Goldsboro Pediatrics established the Wayne Pediatric Continuing Medical Education (CME) Series in collaboration with the Brody School of Medicine at East Carolina University in Greenville, North Carolina. The practice

facilitates Category I Physician CME sessions most Tuesday mornings at 7:00 am in the private dining area of the hospital cafeteria. The hospital provides breakfast for attendees, and I schedule the topics and facilitators and fill out the necessary CME forms, with assistance from Goldsboro Pediatrics and hospital staff. WISH staff and other community partners often attend these sessions that are designed to improve the quality of child health services in the community and to assure that all community agencies are collaborating in addressing the holistic health and human services needs of our children and their families.

As I reflect on my years of school health involvement, I conclude that I really have not spent that much time away from my practice working on all these projects, although serving on the school board required a significant after 5:00 pm meeting commitment. I do meet with the board of the WISH Program once a month for lunch, but these meetings occur during my regular lunch hour across the street from our main office in the private dining area of the hospital cafeteria. The WISH director comes to my office as needed so I can sign contracts and checks for WISH, and I communicate with the director and staff through phone and email. I assist the director with hiring key WISH personnel and in meeting with funders. But I have never cancelled patient appointments to meet my obligations as medical director of WISH. **NCMJ**

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