



Class is in session: A School Health Primer

Enhancing the vital connection between primary care and schools

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Objectives

1. Recognize and address barriers to achieve effective integrated care between primary care providers and schools.
2. Describe a model of bidirectional consent in primary care and school settings.

School Health Overview

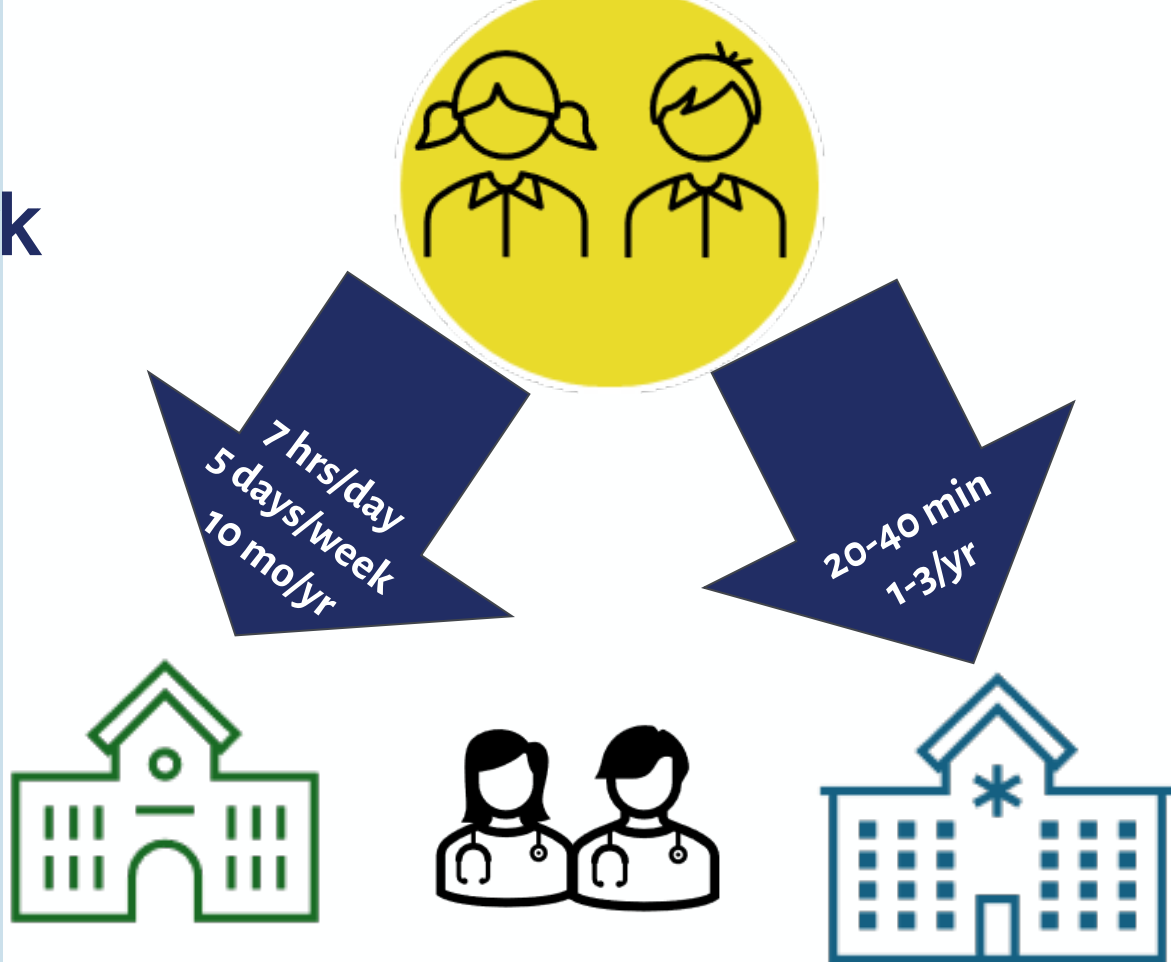
In the United States, schools have direct contact with more than 50 million students for at least 6 hours a day during 13 key years of their social, physical, and intellectual development. After the family home, schools are one of the primary entities responsible for the development of young people. Because of this, schools are a critical setting for health promotion and disease prevention efforts because most youth attend school.

Establishing healthy behaviors during childhood and adolescence is easier and more effective than changing unhealthy behaviors during adulthood. Schools can influence students' likelihood of risk of various conditions through a range of approaches, including health education, provision of or referral to physical and mental health services, and establishing a safe and supportive environment that provides social and emotional support to young people.

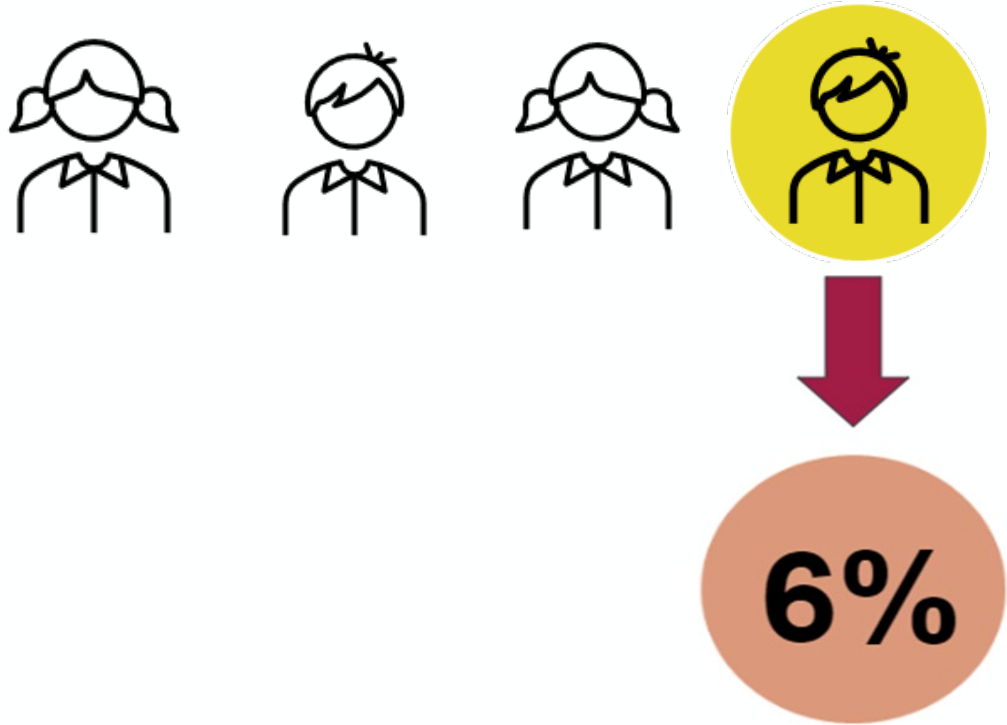
<https://www.aap.org/en/patient-care/school-health/>

All in a day's work

Information/Data Sharing
Strategy



Chronic Health Conditions in School



multiple chronic conditions

What is the role of systematic consent?

- Meets **legal requirements** for sharing of certain data
- **Removes headache** and increases likelihood of real-time care coordination
- Streamlines, simplifies processes **for families**
- Can support **equity** in access to high quality care coordination





Legal Background

- Federal and state governments have enacted laws to protect student/patient privacy and confidentiality
- The two main federal privacy protections are the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule

Note: Health care providers and school staff must also follow state confidentiality and privacy laws as well as other federal laws that may apply to information sharing under specific circumstances

Benefits and Opportunities

Opportunities

- breakdown silos
- timely sharing for effective care/treatment
- address disparities...

Benefits

- fewer visits to healthcare provider offices, urgent care centers, and emergency rooms
- fewer hospitalizations
- increased access to care
- decrease burden on family
- healthy equity comment
- academic outcomes ^{and} equity for health/education

HIPAA or FERPA in the School Setting



Either FERPA or HIPAA may apply
both

- Education records covered under FERPA are specifically excluded from HIPAA

Typically, community health care providers follow HIPAA, while school nurses and other health staff working for public schools follow FERPA

- Health information maintained by a school is considered to be part of the education record and is covered by FERPA

Guidelines for Sharing Information

FERPA

Schools can share PHI with outside health care providers

- With a signed FERPA compliant consent form
- If the information is de-identified
- In emergency situations if necessary to protect the health and safety of the student or others in the face of a specific and significant threat
- School staff may also verify or clarify information provided by a healthcare provider

HIPAA



Community health care providers can share PHI with schools

- With a signed HIPAA compliant consent form
- If the information is de-identified
- If necessary to prevent or lessen a serious and imminent threat
- If necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient's care (e.g., school officials during school hours) of the patient's location, general condition, or death
- If sharing with a school health provider for treatment purposes

Truth or Myth?

A healthcare provider may share a patient's asthma treatment plan with a school nurse without a family's consent.

TRUTH!

Consent is not required for a health care provider to share information regarding a treatment plan with a school.

However, it's **ALWAYS** best practice to tell families when you will be discussing or sharing information about a student/patient.

Truth or Myth?

A healthcare provider may share with a school nurse a well child check summary without a family's consent.

MYTH!

Except for specific documentation of a medical condition and treatment plan, the rest of a child's well child check summary may only be shared with a family's consent.



Truth or Myth?

“That can’t be shared because of FERPA.”

NOT A THING!

As long as appropriate consent has been secured, any part of an educational record may be shared with a relevant partner.



Bidirectional Consent Too Draft

Consent to Allow Data Sharing from School to Health Care: FERPA Consent

STUDENT NAME: _____ STUDENT DOB: _____

STUDENT ADDRESS: _____

SCHOOL NAME: _____

SCHOOL POINT OF CONTACT: _____ SCHOOL CONTACT INFO: _____

- I give permission for my child's school to share information with and discuss my child's health and school performance with my child's health care team.
- I understand that allowing my child's school to share information with my child's health care team will allow them to coordinate my child's care, provide outreach services if necessary, and keep my child healthy, safe and engaged in school.
- I understand that, even with this consent, only those individuals at my child's school and health care office who *must* have access to information about my child will be entitled to participate in discussions or data sharing regarding my child.
- I understand that, whenever possible, my school will include me in these discussions about my child.
- I understand that I am entitled to receive a copy of any disclosed records.
- I understand that these individuals may further use records provided by my child's school or healthcare provider for contacting me and/or verifying information for student health related purposes.

I understand that my consent to allow sharing the above information is voluntary and that it is not required for my child to enroll in school or to receive care at my child's doctor. This consent will remain in effect for as long as my child is enrolled in this school district. I understand that I may revoke this consent at any time by submitting a note or letter in writing to the school administration office.

Parent/Guardian Name _____ Parent/Guardian Phone _____

Signature _____ Date _____

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Consent to Allow Data Sharing from Health Care to School: HIPAA Consent

STUDENT NAME: _____ STUDENT DOB: _____

STUDENT ADDRESS: _____

HEALTHCARE PROVIDER: _____

HEALTHCARE CONTACT INFO: _____

- I give permission for my child's health care team to share information with and discuss my child's health and school performance with my child's school.
- I understand that allowing my child's health care team to share information with my child's school will allow them to coordinate my child's care, provide outreach services if necessary, and keep my child healthy, safe and engaged in school.
- I understand that, even with this consent, only those individuals at my child's health care office and school who *must* have access to information about my child will be entitled to participate in discussions or data sharing regarding my child.
- I understand that, whenever possible, my school will include me in these discussions about my child.
- I understand that I am entitled to receive a copy of any disclosed records.
- I understand that these individuals may further use records provided by my child's healthcare provider or school for contacting me and/or verifying information for student health related purposes.

I understand that my consent to allow sharing the above information is voluntary and that it is not required for my child to enroll in school or to receive care at my child's doctor. This consent will remain in effect for as long as my child is enrolled in this school district. I understand that I may revoke this consent at any time by submitting a note or letter in writing to my child's health care office.

Parent/Guardian Name _____ Parent/Guardian Phone _____

Signature _____ Date _____



You have convinced me... Now What?

- Connect with your local School Nurse
- Start with a process for consent for patients with chronic conditions first - ADHD, Asthma, Seizures, Migraines, Autism (to name a few)
- Identify a team member (Nurse, MA, PSR) to support routine signature for consent - yearly at a physical or follow up
- When talking to a school nurse or school representative: bill for extended time on care coordination

AAP Resources *New!* Care Coordination Webpages

Conversations about Care Coordination

Listen to and read about inspiring stories, direct from the field, of successful implementation of care coordination.

[See More](#)

Care Coordination Tools and Resources



Building the Infrastructure for School-Based Care Coordination: A Start-Up Guide



This guide is designed for school health staff and related health professionals to identify, understand and



National Resource Center for the Patient/Family Centered Medical Home

View resources on Medical Home Care Coordination, including the Pediatric Care Coordination Curriculum



AAP Policy Statement: Patient-and Family-Centered Care Coordination



View the AAP policy statement that highlights the defining characteristics of pediatric care coordination as

AAP Resources ~~New!~~ PediaLink Course

- **Title:** Partnering Effectively for Chronic Condition Management in Schools
- **Free** 1hour course
- **Goal** Provide school professionals and pediatric health care providers with knowledge and skills to partner effectively



PediaLink[®]
AAP EDUCATION – WHERE KNOWLEDGE THRIVES

Thank you!

