



# Innovation and Sustainability: Urgent Care-Run, School-Based Health Centers Improve Community Health

**Urgent message:** By leveraging grant funding, community-facing services, and a collaborative model with school districts, QUICKmed Urgent Care operates a successful school-based health center model. This innovative approach addresses healthcare gaps in underserved areas and augments the operator's core business.

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QUICKmed Urgent Care, based in Youngstown, OH, is a prominent provider in the state's Northeast region. Its 12 traditional urgent care centers are an important resource for the communities it serves—areas where access to healthcare is limited and health resources are stretched thin.

Recognizing the importance of reaching an underserved population and ready to expand its business, QUICKmed partnered with Youngstown City Schools to open its first YOUcare clinic. The school-based health center (SBHC) operates 5 days a week and serves students and staff. Notably, this innovative model has earned the operator \$1.8 million in fresh grant funding to expand its SBHC program and further bolster community health access.

As urgent care operators face competitive, saturated markets, new retail sites are increasingly difficult to find. Moving into schools presents an interesting opportunity for expansion outside the realm of what is considered "conventional" urgent care.

## The Novel YOUcare Approach

Staffed by nurse practitioners, school nurses, and medical assistants, QUICKmed's YOUcare clinics offer wellness visits, sick child visits, physicals, vaccines, specialty



referrals, and prescriptions alongside traditional urgent care services. At the beginning of the school year, parents provide consent and authorization to treat if their child needs care and they cannot be reached. This allows for rapid treatment without administrative delays. The clinic collects the child's insurance information for future billing.

QUICKmed also operates a robust occupational medicine and workers compensation business for school

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**Table 1. Demographics of YOUcare Clinics in Ohio\***

District, School, and City	% of Covered Lives on Medicaid	% Households Led by Single Mothers	Average Household Income	Population per Primary Care Physician (PCP)
<b>National Average</b>	19%	6%	\$70,011	1,109
<b>Youngstown City School District</b>				
Chaney Middle School, Youngstown, OH	39%	13%	\$40,597	17,402
Chaney High School, Youngstown, OH	38%	13%	\$41,117	16,109
East Middle School, Youngstown, OH	62%	22%	\$29,207	4,697
East High School, Youngstown, OH	56%	20%	\$20,830	5,498
<b>Liberty Local School District</b>	36%	7%	\$55,075	833
Liberty Junior and Senior High School, Youngstown, OH				
<b>South Euclid Lyndhurst School District</b>	15%	7%	\$70,477	1,660
Charles F. Brush High School Lyndhurst, OH				
<b>Salem City School District</b>	18%	3%	\$49,913	711
Salem Senior High School Salem, OH				
<b>Trumbull Career and Technical Center School District</b>	35%	9%	\$39,846	2,306
Trumbull Career & Technical Center Warren, OH				

\*Demographics per National Urgent Care Realty AnalyticsSource: YOUcare Manufacturing-Based Health Clinics in Ohio. QUICKmed. Available at: <https://www.quickmedclinic.com/youcare-clinic>. Accessed August 2, 2023.

employees through the on-site clinics. Finally, QUICKmed’s in-house, Commission on Office Laboratory Accreditation (COLA)-certified complex laboratory allows it to augment visits with lab testing for viral illnesses including influenza, strep, and COVID-19, as well as STDs/STIs when necessary. A courier takes the samples from the SBHC to a nearby urgent care location for same-day results, providing faster answers than a reference lab.

Notably, QUICKmed utilizes the same EMR and billing software in its community urgent cares and YOUcare clinics. This seamless integration promotes continuity of care, improving quality whether the child receives treatment at the in-school clinic or a community location.

To assure patient privacy under HIPAA, neither the Board of Education nor any administrator or staff of the school district has access to student medical or financial information.

**Battling Funding Challenges**

While the benefits of SBHCs are well-established, the upfront and ongoing costs of opening these clinics are significant barriers to entry. One way to solve this challenge is through grant funding. QUICKmed took a pio-

neering approach, creating and nurturing a successful operating model over several years. This has enabled it to become the only for-profit entity—and only urgent care—to receive SBHC funding. The Ohio Department of Health and the Ohio Department of Education awarded QUICKmed \$1.8 million in grant funding through the American Rescue Plan Act of 2021 as well as the Governor’s Emergency Education Relief Fund.

Indeed, capital expenditure offset is an essential component of sustainability for the SBHC model—both in the initial stages and ongoing. Operators can seek expenditure relief in several ways, including grant funding, outside private investment, or billing the school district directly in anticipation of the ongoing operational expense of running the clinic.

As operations begin, reimbursement through insurance billing also becomes paramount. The SBHC model caters primarily to communities where Medicaid plans are prominent. Historically, successful SBHC locations serve a population of at least 500 students covered by Medicaid.<sup>1</sup> Identifying the most promising locations before opening leads to more robust revenue and clinic utilization and is essential for success. In Ohio, for instance, 41% of school-aged children are covered by Medicaid—even if their parents are not. But in school

districts covered by a YOUclinic, that figure soars to between 50% and 65% of children.

Finally, a successful SBHC needs to maintain low operational expenses. Saving money on a lease is a straightforward measure that is incredibly effective but requires buy-in from the school district. QUICKmed signs lease agreements with partner school districts for \$1 per month. This removes a crucial line item responsible for eating a sizable portion of a conventional clinic's budget. Importantly, beyond additional liability insurance, this does not incur significant expenses for the district. With a lean staffing model, typically starting with a single NP and MA and growing in tandem with the clinic's utilization, SBHCs can further lower operational costs. However, seeking additional grant funding is often necessary to help offset the continued costs of running or expanding the clinic.

### Buy-In and Collaboration

The SBHC model is nontraditional. The model itself relies on innovative thinking. Before a clinic can open its doors, the operator needs buy-in from the school district's administrators. Both parties' expectations for the purpose and benefits of the clinic must align, with increased access to healthcare for underserved populations being first and foremost. As SBHCs often demand resources from school districts whose budgets are already stretched thin, a significant degree of trust and collaboration is necessary on both sides for this model to succeed. Successful partnerships are built on accessible, transparent communication between all parties—especially as leadership roles within the district or urgent care change.

### Increasing Utilization Through Expanded Services

Depending on the size of a district, an SBHC may not be fiscally viable with the revenue generated from students alone. So some operators, including QUICKmed, supplement their revenue with community-facing services.

For instance, Crestview Local School District, a key YOUcare location, has no physicians within its 38-mile coverage area. As such, the district's YOUcare clinic is open to the community, providing much-needed healthcare access for both students and adults.

QUICKmed also added behavioral health services via telemedicine in 2022 to further expand its impact. However, it's worth noting that an exclusive telehealth model isn't often feasible for SBHCs. For one, children can't provide a reliable history or describe their symptoms. This creates a risk of missed diagnoses and makes it harder for providers to correctly manage care. Mean-

while, school nurses are already overwhelmed by student needs and administrative work and don't have time to facilitate telehealth visits alongside their daily tasks. The inability to perform physical exams and rapid lab testing are further strikes against telemedicine. This reinforces the value of an on-site clinic to serve students and staff.

Expanding services to staff, including occupational medicine and urgent care, is another way to augment revenue. Increasing clinic utilization in this way increases provider productivity, which is typically lower in SBHCs than in conventional clinics.

Further expanding care, QUICKmed also operates an RV that provides dental services on-site for certain school districts participating in the YOUcare program. Dental services are available to students and their families and are both preventive—eg, sealants, and fluoride treatments—and restorative, including fillings and crowns. The RV bills Medicaid, Medicare, and private insurance.

### Beneficial Situation for All

Schools face some of the most complex public health challenges of any community organization. SBHCs are a novel solution that efficiently addresses the challenges school districts face while simultaneously benefiting both the operator and the community.

Increasing care in underserved areas brings episodic and preventative care to those who may not otherwise receive it. Meanwhile, the clinic operator opens a new stream of revenue to complement its community locations while positively impacting its reputation. School districts experience less absenteeism thanks to reduced illness spread. Children benefit from rapid and accessible treatment for illness and injury as well as public health services like STI testing and behavioral health treatment.

Though operating SBHCs is not without challenges, this innovative model is a viable solution for urgent care operators seeking to simultaneously increase their community impact in underserved areas and expand their business. ■

### References

1. Sprigg SM, Wolgin F, Chubinski J, Keller K. School-based health centers: a funder's view of effective grant making. *Health Aff (Millwood)*. 2017;36(4):768-722.