AAP | 03_Where Does School-based Health Fit Within Medical Home Discussion Panel #3 Systems of Care

Well I'm glad that we have everybody on then, so I'll go ahead and get started. Welcome, everyone, to the third of three in the discussion panel series entitled Where Does School-based Health Fit Within Medical Home? Today, we are excited to be discussing the collaboration between school-based health care and medical home from the systems of care perspective. This panel is being recorded for educational purposes. It will be available via the National Resource Center for Patient/Family-Centered Medical Home website.

And the recording will be shared in the near future. For participants who do not wish to be part of this recording, please disconnect from the panel at this time. I think that there is a question that had come in from the chat asking where the panel series will be posted. We'll send that out to everyone after this third one is completed. Those will be on our website, and we'll make sure everybody gets the links to listen to those and view those panels at another time, or once everything is up.

OK, great. All participants have been muted during this panel. Please keep yourself muted to reduce any distractions and background noises. Live captioning has been turned on for this panel to increase accessibility for participants. Please look to the bottom left hand corner of the screen and click on the text box to enable captions. An American Sign Language interpreter is live signing for the panel. Please utilize the Q&A box for any questions that you have as the presentation moves forward. If time allows, the discussion panel will address those questions. If not, the questions will be saved and utilized for further educational opportunities and technical assistance. The text or the chat box is also additionally available for comments and resources-- to share comments and resources.

The National Resource Center for Patient/Family-Centered Medical Home is a cooperative agreement between the Maternal and Child Health Bureau and the American Academy of Pediatrics. We are grateful to the Maternal and Child Health Bureau of the Health Resources and Services Administration for the funding of our Resource Center so that we can implement educational opportunities such as this discussion panel. None of the faculty or presenters of this panel have conflicts of interest with the information being presented.

We would like to acknowledge that where the headquarters of the American Academy of Pediatrics lies in Itasca, Illinois is the original lands of these tribal nations having resided in these lands or migrated through them. We can and should actively give voice to and solicit experiences from Indigenous communities and all marginalized communities to inform our collective efforts to meaningfully, equitably, sustainably, and effectively address the needs of families from these diverse communities.

And now I am thrilled to introduce our esteemed panelists. Gail Gettens is a child development specialist and health communication coordinator within New Hampshire's Department of Health and Human Services and the Division of Public Health Services Healthy Homes and Childhood Lead Poisoning Prevention Program. Gail has dedicated much of her professional career to educating on preventing childhood lead exposure and the importance of lead level testing for young children. She is also the co-author of the recently released children's board book, *Happy, Healthy Lead-Free Me,* which was developed with clinical support from the New Hampshire Chapter of the American Academy of Pediatrics.

Vickie Ives serves as the Deputy Bureau Chief for the Bureau of Child, Family, and Community Wellness of the Division of Public and Behavioral Health and serves as the director for Nevada Title V Maternal, and Child Health, and Children and Youth with Special Health Care Needs, Nevada Maternal Infant and Early Childhood Home Visiting, Nevada Early Hearing Detection and Intervention, and Nevada Rape Prevention and Education Programs. She is the Title 9-- my Latin is not great, or 11 board member of the Association of Maternal and Child Health Programs, the National Maternal and Child Health Workforce Development Council, Nevada Alliance for Innovation on Maternal Health Efforts, and serves on the core team of the Perinatal Health Initiative, and supports the State Maternal Mortality Review Committee.

And Dr. Monique Soileau-Burke is the President of the Maryland Chapter of the American Academy of Pediatrics and is a practicing general pediatrician at the Pediatric Center LLC in Columbia, Maryland. A graduate of Tulane University and Tulane University Medical School, Monique moved to Baltimore in 1999 to complete her pediatric residency at the Johns Hopkins School of Medicine where she continues to hold a faculty appointment. So great to have you all with us today. We're thrilled to hear from your perspectives and expertise on this really important subject.

Clearly a lot of experience within this group, both within school-based health care and medical home. For the purposes of this panel just to provide a little bit more context for our participants, we'd love to hear more about the work that you do specifically within systems of care, school-based health care and medical home. So why don't we just take a moment and each of you can share a little bit more of your work in these areas. Gail, we will start with you, and then go to Monique, and then Vickie.

Thanks, Jamie. I'm in New Hampshire. And we are a very high risk state for our child to have lead exposure. And our testing rates are not ones necessarily to be proud of quite yet. So I do a lot of work with our New Hampshire Chapter of AAP, they've been a fabulous partner, as we work to improve our testing rates among children. And we've learned that we really need to take opportunities wherever they might be to get our children tested, even more so since the pandemic.

So we have done a lot of outreach and work with our WIC clinics. In New Hampshire, they do testing. We've done a lot of work with our Head Start programs to do testing and to make sure that information moves from non-medical home back into the children's medical home. On the flip side, we've also been doing a great deal of work to make sure those pediatric labs, those lead level tests, which we're a universal testing state, so they're done at age one and again at age two to make sure those get on the children's health assessment forms that go to child care, that go to preschool, that go to public school.

And AAP, our New Hampshire Chapter AAP has been strong partner with of our legislative initiatives to make both of those things happen, which is universal testing and to get blood lead level tests documented on children's health forms as they go into school. So we've had a strong partner with New Hampshire AAP to both educate and put in legislative initiatives to make sure that information with the pediatric lead level test results are moving in all the quarters they need to so that really important health information about children is accessible to those that need to see it and have it available when determining what the best supports are for the child-- children that are lead exposed.

Great. Thank you so much. Monique, we'll turn it over to you now.

Well, thank you, Jamie. I appreciate it. Thanks for having me here today. I also want to just say thank you to my co-fellow panelists. It's such an honor to be on this panel with you having such done such distinguished work in your various fields. As you said, I'm a general pediatrician. I've been practicing for about 20 years. And I also teach medical students and residents. And I am a huge proponent of the medical home. I think one of the things that I've worked on over the last several years is communication. So one of the things that we talk about with making sure that we are integrating behavioral health, other mental health, other kind of school-based health projects really important to make sure that the primary care, that medical home is really where all the information gets collated.

I frequently tell my patients that sometimes, I'm the bus driver, or I'm the captain of the ship, hopefully. Sometimes, I kind of feel like I'm not the captain of the ship, but just trying to make sure that we're able to support our patients in all their needs no matter where they're specialist or what they're receiving in school-based care. We've been doing a lot of work with that. The Maryland Chapter the AAP also has been doing a lot of legislative work in terms of school-based health and really actually been focused frequently now on school-based mental health. I have an integrated behavioral health model here in my office. So we have a full time psychologist that lives with us that works for us. And we will hopefully be trying to expand that across the state, in addition to the school-based health.

Great. Thank you so much. And then, Vickie.

Thank you all. And I echo the comments of my co-panelists. Just an honor to be here with you and with your great expertise in this area. I'm joining from Nevada. And we really have a model in Nevada that has different touch points. One, for our Title V Maternal Child Health Program with our Adolescent Health and Wellness Program. And the bulk really in terms of implementation lives with our Medicaid program in the state. So it's an inter division partnership around both certified school-based health centers in which the Title V program just has an initial roll around the certification application, and providing different tools and supports, and a toolkit on the path to become a certified school-based health center. And that has a specific reimbursement type and provider type code.

We've also been lucky enough to have a very strong partnership with our Medicaid agency on school health services as distinct from a certified school based health center. And that has been a very successful program able to offer many of the same items as a certified school-based health center for which we don't have a formal touchpoint but just like to spread the word through maternal child health systems, increase awareness, increase awareness of the difference of those two pathways, and the differences in reimbursement related to those. So-- so really that's our role is really as a partner on the certified school-based health centers. So-- so thank you very much for the opportunity.

Great. Thank you so much. So we have some questions that we would like to ask all of you. We'll have one person that will start off, and then certainly our other panelists will have the opportunity to respond as well if, they have anything else they'd like to add or share their perspectives. Monique, we'll start with you. How can AAP chapters that support members in their state or territory to improve communication between school-based health and medical homes to best support children and families?

Yeah, thanks. Of course, that is my wheelhouse, right, talking about the medical home and making sure that we all have a place there. We frequently in my office talk about this being our house. And people who live with us and people who are neighbors and talking about it as a community, I think, is really important. One of the things that we've been able to do here in Maryland that has worked really well is partnering more with school nurses. So the Maryland Chapter of the AAP, recently, we've had this, I think, our third round of working with increasing the immunization rates for adolescents.

And one of the things that we've found is, all general pediatricians know, sometimes there can be a real communication breakdown between the school health nurses, what the school is requesting, and what either the pediatrician is able to provide, or what we're willing to provide. So this has been a really great project where we worked with the Maryland State Health-- State Association for School Health Nurses talking about immunizations, talking about recommendations. It was very enlightening for us to see that when we talk about medical home and school-based health to discuss about some of the commonalities and some of the common issues we were seeing, say, with vaccine hesitancy. That was one of the issues we talked about.

And really that people were-- that school nurses were still getting questions about associations with autism and other things that were in the vaccines. And this is not even discussing about COVID vaccinations. So really having that partnership to be able to educate and to support our school health nurses so that our school nurses would be able to have that same data and those same kind of responses that we're able to do. And I think that was great for our chapter to be able to provide that opportunity to partner with school health people and general pediatricians to kind of come together in that environment.

We do a lot of-- also that I think is important is to make sure that pediatricians are represented in places where decisions are being made about school health. I mean, we are experts about children's health. And we have a lot of information and knowledge that we can share with people. But unfortunately as pediatricians, we also-- I myself am a working mom. I have a daughter. I have a life. I have things that I need to do. So sometimes that can be hard because most of these positions are volunteer.

But we have recently gotten an appointment on the Adverse Childhood Events Committee and Commission for the State of Maryland. So that we're able to talk about that, about screening in schools. We're able to serve on the School Health Education and Physical Education Committee. So that's been something that's been really interesting for me is to be able to serve on that committee with other health educators where I'm the only doctor on the committee but really helping to look at school curriculum when we're talking about school health because that is also an important part. An important part of school health is what are our students learning in their health curriculums.

The other things too is making sure that we can be part of the community, right. Making sure that we're there in the community and that we can advocate for patients who have poor access to health care and where school-based health may be their only option. Giving those providers in school-based settings support from outside pediatricians for follow up and things like that, I think are very important. And then the last thing is advocacy. We spend a lot of time as pediatricians educating. We're all educators, right, because that's what we do all day. We talk to families. We educate them. But also we also are advocates.

And so as a Maryland AAP, we have done a lot of advocacy work with school-based health. That was actually our big project that we focused on this year with our residents during our resident advocacy day was a school health curriculum and advocating about what should be contained in that curriculum, what support should be in place for patients, and for students. Unfortunately, it failed. But we really learned a lot from that experience. And as we always say in the AAP, that advocacy is a marathon and not a sprint. So I do think that that's a great area for the chapter to be involved and to have a presence.

Great. Thank you so much. Because you said the word advocacy, Monique, I'm just going to share with our audience that as a federally funded National Resource Center that we ourselves do not do any advocacy, but those were great resources that you pointed out, Monique. And certainly, through the National Academy, there are lots of resources for anyone who's interested in getting involved with advocacy efforts. Our first panel discussion didn't talk about advocacy, but shared a lot of work around policy that's being done as well supporting school-based health care. So I just wanted to make a plug for that. But thank you so much for sharing. Vickie, are there any thoughts or comments or experiences you'd like to share related to this work?

Just love that the integration with the school standards piece. That's that the health standard specifically has been something that I was lucky enough to have participated in that process. And that is so, so key and just sort of setting up a structure or a groundwork that these school-based health centers are really operating within. So that's just such an important point there as well as the partnership with the school nurses. We are lucky enough to have a standing meeting with the chief school health-- the school nurses from all of the health districts. And that's been really just really important on issues across the board, not necessarily specific to this, although, a key role in relation to school health services and school-based health centers, so just want to stress that those are two important variables that are in place in our experience too and helpful to acknowledge and see how things articulate with those. So thank you.

Jamie, could I add just one more thing before I-- we also-- the thing that's been incredibly helpful that came out of COVID was that we're having quarterly meetings with the Maryland State Department of Education. And that has been really, really helpful having a two-way communication about what can we do better to help them and what they can do better maybe to help and support us. And so I would highly encourage chapter's to really try to establish those direct lines so that questions can be answered and help and support can be provided.

Great. Another great partnership. Thank you. And thank you, Vickie, for your thoughts. Gail, anything you'd like to add from your experiences?

I was just going to amplify what Monique had said about school nurses. We have a very vibrant school nurse association in New Hampshire. And starting five or six years ago, pre-COVID, the Childhood Lead Poisoning Prevention Program, we really worked hard with them in educating on this pediatric environmental health issue in New Hampshire. And they've become great partners. And I bring this up in terms of advocacy. They were strong, robust, out there advocates when we moved to universal testing to bring that through in New Hampshire.

And most recently, we have current legislation pending to require that blood lead level tests be documented on school and camp and preschool health forms, entry forms. And the onus will really fall on school nurses for kindergarten entry to reviewing those forms. So their voice was an important one and that partnership have laid the foundation. They were equally as robust, and they're advocating for this legislation as well that will bring one more task in their workflow to scan for those tests as well. So they can be a fabulous partner. So I just wanted to reiterate that and our partnership with them in New Hampshire.

Great. Thank you so much. For these next set of questions, Vickie, we'll have you start. And there's-- it's not really a question. It's actually three questions that have been wrapped into one section. So, Vickie, from your perspective, what is the role of Title V in school-based health care? Why should school-based health care pediatricians and other providers connect with their state Title V agency? And what value does this partnership have for children receiving services in school-based health care settings?

Thank you. Thank you for those prompts. I think, oftentimes, with Title V Maternal Child Health sharing information, increasing awareness of existing resources as well as helping with systems building is really the key role with this particular issue around school-based health centers. The tool kit, for example, in Nevada, that the Title V program put together to really make it easy for a community partner, or a federally qualified health center, a foundation providing funding perhaps, or a university partner, anyone who's interested in joining with a local school district and partnering either with Medicaid funding or with other fundings, just what are the steps it takes to be a certified school-based health center has been the specific role in our state for Title V as well as a lot of information sharing.

Making folks aware of services in the school, even if it's not a certified school-based health center, being aware of which schools and school districts might have a telehealth only model, or a behavioral health only model, which ones have a broader scope of services. So really information sharing, connecting partners to each other. Again, we're a small-- small partner. Really are our Medicaid agency and our Department of Education are really the key players in this. But we have really found a role for just disseminating information. And we help with actual certification process for those.

For school health services, generally, it's really just education, awareness, linking partners who are interested, making sure folks know about national resources around school-based health centers. The Alliance, for example, has been the role that we've played and in talking to providers. And if families come to either us, or we help support a Family Resource Center within the state, the Family Navigation Network. So just making sure those partners are aware of resources around school health services as well as certified school-based health centers has been a key activity of Title V in relation to school services in a school context. And forgive me, I'm forgetting the provider specific piece of the question there. Would you mind repeating the provider specific one?

Yes. Why should school-based health care pediatricians and other providers connect with their state Title V agency?

Oh, excellent. Thank you. So I would say, specifically, the toolkit has information in terms of the certified school-based health centers or just connections to specific partners at Medicaid around specific reimbursement questions and information are some important parts. But more broadly, I think that connection with Title V, really there's a lot of different systems that Title V programs are plugged into and can help facilitate access and information flow, whether it's around a specific billing type of question, or where to find certain information, where to find resources for families.

For example, we partner really closely with members of our Nevada Chapter of AAP on the Mountain State's Regional Genetic Network. It's just been essential and just so, so helpful. And we're able to collaborate on the ground rounds specific to genetic services for one small example. So a lot of opportunities and a lot of connection points that may be helpful. Say, how to get referrals to our home visiting programs for families that might qualify, or just different touch points with these maternal child health populations that we can share resources, or that we fund folks to help families navigate systems are some key areas where it's of value to connect with the local Title V entities just on a huge-- really huge number of different topics, not specific just to the school setting.

Great. Thank you so much. Gail, do you have any thoughts you'd like to add?

No, Vickie held the torch beautifully.

Monique, any thoughts from you?

I don't-- I think, I do have more of a wish. I think it's one of the things that's hard for medical home from the aspect of the medical home and from pediatricians is knowing what resources are available at either what schools or-- and here in Maryland, things frequently happen by county. So even not as specific as schools but county, and there doesn't seem to be a central database which is really hard for pediatrician. We found that out during COVID with all the changes. So if my wish about this would be that there would be some central database. And if there is one that someone can tell me about, I would love it, to have those resources so that we would have access to them because I think that's one of the problems is, once again, we go back to the communication and the access to the information. It may be there. But if it's not in the hands of the people that can use it, then it can be really difficult.

Yeah, absolutely. And actually, we had a question that is slightly related to this. So I'll just stay with this for a moment. For pediatricians that are wanting to connect with the Title V program in their state, how would they go about doing that? That might be a good question for you, Vickie, to start us off.

Certainly, and I'll put a link in the chat. There's a map for all the states and the territories where they list the Maternal and Child Health Director as well as the Children and Youth with Special Health Care Needs Director. And that's an easy way to connect with the leads within your state for that particular program. So I'll make sure to put that in the chat right now. And they can really be-- they vary. It looks a little different in different states and how they're implemented. Some do actually have a role in direct services. In other states, it's really focused on population health and enabling services. So it'll look a little different state by state, but definitely a resource.

And to the point about a centralized hub, we fund the medical home portal that University of Utah keeps-- the medical school keeps all of the medical information up to date. But it has-- we populate it quarterly with anything new coming in on our Nevada 211 line of any resource that might be helpful to a family for social determinants of health, medical, local, national resources. So that's one way we're trying to provide that in our state and a number of other states are also partners in this medical home portal.

But I mean anyone in the maternal child health, like a single point of entry, bidirectional referral system. So if somebody connected to that resource that you're sharing is really a goal that we all recognize is desperately needed and would like to get to in some way. But the medical home portal is one way in our state that we're trying to make that easier. Because it's so difficult. And also with spots that are available, so if you have a resource and there's a 40 person waitlist, that doesn't really help the family or the provider and that moment. So there's a lot of work to be done there. But I'll make certain to drop that chat in-- the link in the chat. So thank you. Thank you for that question.

Great. Thank you so much. And I would think that portal is also such a great resource for the school-based health care providers and centers in the state as well who might get questions from families or students, whatever the case may be, on a lot of different health areas that they can then have access to those resources. So what a great resource for everybody involved within the medical home for kids. For our next question, Gail, we'll start with you. What are the opportunities to improve efficiencies within systems of care to better support children and families utilizing school-based health care and medical home?

And how long do I have to answer that? That's quite a question. So again, New Hampshire Division of Public Health Services, in general, and the Childhood Lead Poisoning Prevention Program have partnered with New Hampshire Chapter of AAP, and we have-- again, my wheelhouse is lead exposure, preventing lead exposure-- a statewide clinical lead advisory group of pediatricians, pediatrician leadership, our Medicaid providers, and others in public health from throughout our state. And we meet three times a year. And that communication has really helped bring some efficiencies to our lead exposure world.

And a couple of things that have come out of that is our pediatricians now whenever we have an elevated blood lead level greater than 5, which is our state action level, slightly higher than the CDC blood lead level reference value, is an immediate referral to early intervention services. So we get that baseline developmental screening for our lead exposed children. We were also finding that our nurse case managers because all blood lead level test results come into our office. It's reportable. So our very efficient clinical team is reviewing all of those that come in electronically and otherwise. And our pediatricians are finding that our nurses may be reaching out to families before the practice had. So we worked-- moving too efficient in that case.

So that committee helped us identify that we want to make sure that we were reaching out to the medical home first, and making sure they were not only aware we were going to make that call, but what services we provide, which is free nurse case management as well as lead inspections for children. So again, making sure that we are connecting with a pediatrician at home first before we were reaching out to the family. So we've had a number of ways that we've really worked with our chapter and our statewide clinical lead advisory group to make sure that we're all on the same page, we're all communicating, and we're all making sure all those connections are made for that our lead exposed children as efficiently as possible.

Great. Thank you so much. And if I'm remembering correctly, Gail, when you had been sharing some of the work that you had done at the beginning of the presentation, you were talking about the role of schools as well, particularly around lead screening or being aware of statuses for children. So are school-based health centers or others within school-based health also part of this process as well for their side and their role in this work as well?

Yes, thank you for making sure I bring up those points as well. And when our children are being referred for early support services, if they're above 3 in age, older than 3 in New Hampshire, then the services are provided through our school districts. So there's been the same type of communication into both our directors of student services and our school nurses, if your children are older and enrolled in school-based programs. So that they're aware of the exposure and the services that the child-- would benefit the child both to mitigate the impact and how to best work with those children who've been exposed to lead. So they've been part of that communication team as well.

As well as also working, as we said, not only are the test result's going to be required on the health forms going into school very shortly, or into child care in New Hampshire very shortly, fingers crossed. But also there's the understanding-- growing understanding on the school age group that if children are referred for special education services, having that information documented on those special ed referrals, if the child has documented history of elevated blood lead levels of lead exposure and a growing understanding of why that piece is so important as for determining how to best support a child and how the appropriate diagnosis for what they are seeing and working to manage with a child as they're working in the classroom.

Great. Thank you so much. Monique, we'll move to you. I'm just going to repeat the question. What are the opportunities to improve efficiencies within systems of care to better support children and families utilizing school-based health care and medical home?

Well, you know, I think that a lot of what we've talked about is so important. And we keep saying the whole thing about communication and communication. I think that when we look at efficiencies, it's very difficult from-- I always think about the pediatrician who is there in the room with the patient. And we frequently deal in action items. You know, what can we actually do for this patient and that requires all the information that we can possibly gather. So I think the efficiency is really important to work on a systems efficiency.

And also for families and for pediatricians, from both sides of that coin, we need to look about making things easy, right. It has to be easy. Families should not be required to go online and register for 10 services, or they shouldn't be required to make four phone calls to be able to get to the right person. So I don't have any answers for how to do it, which is clearly, clearly where our issues lie now. But I certainly think that there are goals that we should shoot for. And one of them is like I said, I think, it comes from both ends.

When we're talking about school-based health, we have the school based health care providers, the nurses, the pediatricians who are there. We have the pediatrician in the medical home. And then the most important thing is this is all around the family, right. The family is the center. And those are our three endpoints for school-based health care, when we talk about this with school-based care and medical homes. But the problem is that all three of those end people all need action items. And that's what I find can be difficult in a systems based approach is getting from the idea of being able to provide a service for a patient, and then actually getting that to the people who are going to be doing it. No answers but more questions.

No, I think that's incredibly helpful. I think just even identifying, if you can practically identify where the challenges are sometimes that in and of itself can help forward progress. Sometimes, it's even hard just to really understand what the problem is. So thank you for that. And, Vickie, we'll go to you for any thoughts that you have on the matter.

Just there's enormous, enormous opportunity in that setting for access. Just it's the access piece is huge. And I think there are a lot of pieces that aren't necessarily school or health related that you really have to invest a lot of time in. Issues around consent. Issues around if someone has three children and one is in school and two are younger than school age, are you going to be able to treat-- and they all have the same strep throat, will you be able to treat the family or just the student?

Messaging to parents about how the health data in the school setting, how those integrate because we found there's sometimes hesitancy. And just making sure there's a lot of time on education around, if you haven't opt in, making that easily understandable, making sure there's education because it's a new concept for a lot of folks. So trying to provide all the information somebody would need to make an informed choice to utilize that access point, if they'd like. With some of the reimbursement, would that be available for non-US national children or-- there's just a lot to ensuring everyone understands who the access is for in the universe.

Some of the school-based school health services menus of options are really school district by school district, you know. So understanding what's being offered and clearly communicating that, and looking for ways to-- both if the school district is interested to laddering that to include others, or how you can leverage your individualized education plan coding. Not that it's all Medicaid, but just those pieces are really important. But it's just a real game changer of reaching people where there are barriers to transportation. There's already language supports in the schools. Things of that nature, I think there's just a host of opportunity in this setting.

Great. Thank you so much. We have one final question that we have prepared, and then we'll wait to see if there is anything that comes through Q&A, if we have time. And this is-- I think we'll start with you, Vickie, and then go to Gail and Monique. I'm interested, from a systems perspective, what are lessons learned from the COVID-19 pandemic that can be used to improve access to care, which you were just mentioning as well, Vickie, through school-based health systems and medical home?

Well, thank you for that question. And I really think there were some really incredible partnerships through the COVID response with schools and with communications between immunization programs, and schools. And Title V programs in schools as well that really broadened existing touchpoints with our colleagues in the school system and really kickstarted some conversations around access in a different way specific to the pandemic response.

So I think there's, at least in our state, a deeper set of connections and a wider set of connections for communication in the school setting with some of these programs that-- you know, with immunizations, school-based data is really one of the key surveys that CDC does is based. So that already existed and predated COVID. But with some of the action planning and prioritization pieces, it just really a different level and breadth of communication was needed. So I think that-- sustaining that and adding different topical matters to that is really an opportunity, but a lot broader connections, I would say, a post rather than pre-COVID.

Great. Thank you so much. Gail, for you the same question, I'll just repeat it. What are the opportunities-- nope. From a systems perspective, what are lessons learned from the COVID-19 pandemic that can be used to improve access to care through school-based health systems and medical home?

I agree with Vickie very much that new partnerships were established that are remaining and growing that only are helping. With level testing like many basic health screening, just to use top down language, at least, in New Hampshire crashed and burned. And I'm probably OK sharing that because I think there's been universal plane crashes, or at least with lead level testing. So we've seen some really disturbing data trends. And it's really made us reflect on what were-- what have been the barriers to testing and that already existed that just were amplified. And how we work to increase access and to resolve as many barriers as we can.

And one piece that we're working on in New Hampshire we learned with our mobile vax-- first our mobile testing vans and then our mobile vaccine vans that we had to bring everyone who had more challenges than ever before in their daily life, and we had to bring the services directly to where families were, where people were. And we now have a pilot under discussion to put mobile testing. We're converting our COVID vans that are sitting in a garage. And the current pilot under discussion is to put point of care testing on the vans and to take those out. And to bring those to where our high risk populations are, where places are that we need to see the testing increase.

So we, from Head Start programs to Back to School Nights to Childcare Programs to Saturday clinics to some of our big health care providers in high risk areas. So what did we learn? That there were barriers across the board with COVID. And how did we work to resolve those? And it was bringing-- meeting people where they were at and recognizing that daily challenges just got bigger. And we're using that same successful model that we had with outreach with COVID testing and COVID vaccines. We're just doing a lateral shift to another disturbing data trend with COVID is pediatric lead level testing. And just using those same lessons learned to work on reversing that trend.

So much-- that's such a great example of such a practical way to continue to provide services to your community having made that shift and leveraging a resource that's already there. Such a great-- such a great strategy. And then. Monique. We will go to you.

Now first, I just want to say it's always so nice to be among pediatricians and people who are invested in children's health because we do tend to see the silver lining in things. And I think that this above all was something that was really necessary during COVID. We learned in Maryland that, once again, I just reiterate what these other amazing panels have said, the partnerships, right. Making new partnerships that have lasted past when we've had passed the COVID emergency.

Also looking at access. It was-- there was good data that was very, very apparent and very quickly available that showed us where our issues were. And these had been issues before. I like to use the mental health crisis as an op-- as another example. Pediatricians were not surprised that we were in a mental health care crisis. This has been going-- brewing for a long time. But a lot of the issues that we have always known were there became very apparent very quickly and very visibly. So getting some of those issues that we care so much about out to the general public, whether it be school-based health or not, I think was really important.

The last thing I think was really good is that we realize that some of-- that our systems have to be flexible, right. So no, no-- there was no maybe particular right way to do A, B, C, or D. There were many different ways that we could do these things as long as we were all working towards that common goal. And also that we could share information with each other. That we were able to sit together, share among different organizations, among different pediatricians.

For example, in Maryland, the very beginning, we hosted weekly primary care pediatrician town halls. And we would all just get on there and people would say what they were doing, what was working, what wasn't working, where you could find things, where you could get supplies. So I think that just again is a partnership piece. But I do agree that a lot of positive things were able to come out of COVID that hopefully will help us to strengthen our health care system in the future.

Great. Thank you so much. That data piece, what a great point to make of how quickly data was made available. And we know how challenging it can be, the data component, for a lot of public health work that we do for particularly within medical home and within systems of care as well. So another great strategy. I would say that the big themes of today's conversation is really around partnerships and communication with a lot of other really great strategies and recommendations shared from the group. So thank you all so much.

We are about coming up to time. So I will once again give a big thank you to our fantastic panelists today. To Gail, and Vickie, and Monique, thank you so much for all of your sharing. I haven't been able to look at the chat, but it seems like there's been some communications and sharing in the chat as well, which we will make sure that our team gets that and pull out any resources that came through to share with the group as we continue to move on.

We want to thank all of our participants for joining us today at the virtual panel. We will be sending out an evaluation for today's panel. And we ask that everyone takes the less than five minutes to complete this evaluation, so we may continue to provide high quality education and training. All of three of these discussion panels will be available on the National Resource Center for Patient/Family-Centered Medical Homes website, along again with the list of both academy resources and other resources that have been shared by our panelists across the three panels to support collaboration again between school-based health care and medical home.

We will let everyone know when that is available, so you don't have to keep refreshing the website. Although, you're very welcome to find us whenever you'd like. But we will make sure that everybody gets those recordings once they are posted to our website. And then lastly, I just want to share that as the National Resource Center for Patient/Family-Centered Medical Home, we are available at any time for your technical assistance needs. So please reach out to us at any time. Thank you so much again for joining us. Thank you so much again to our panelists. And to our live ASL interpreters, we appreciate you live signing during today's session. And we hope everyone has a great rest of their day. Take care, everyone.