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Title: Case Study on Patient Portal Deployment in School-Based Health Center Clinics (Kids First)

Author: Tom Dawson, Full Circle Projects

Context for Use: This article is a case study of the deployment of a patient portal in school-based health center clinics.

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Patient Portal Projects in School-Based Health Centers. Patient portal implementation at Kids First Health Care (Kids First), a grantee of the Colorado Health Foundation's Enhance Health Engagement through Patient Portal Use funding opportunity, highlighted several issues that are unique to the school-based health center (SBHC) environment. Full Circle Projects consultants Tom Dawson and James Meyers acted as coaches to Kids First, who contributed to the development of this case study.

Kids First is a nonprofit organization that runs two year-round community clinics and five SBHCs. Their SBHCs are located in two high schools, two middle schools and an early childhood center in two different school districts. There is no health information technology (HIT) department at Kids First, but the school districts provide some limited technology support. In lieu of HIT staff, Kids First's electronic health record (EHR) lead is a health care provider. Kids First initially went live with the portal in a pilot with just one provider, then slowly rolled the portal out to all providers across all sites. Grant support from the patient portals funding opportunity were used to hire a project manager to oversee the portal implementation.

SBHCs may benefit from Kids First patient portal implementation experience. Key lessons included:

1. **Consider access to HIT staffing when planning portal implementation.** Typically SBHCs rely heavily on their school district partners for HIT services at sites within their districts. While Kids First receives a base level of support from its two districts, the organization had no dedicated HIT staffing at the time of portal implementation. School district support of HIT for an SBHC is limited generally to computer hardware, basic computer software, networks and Internet support – not HIT applications, like EHR and portals. Therefore, a Kids First provider filled the necessary HIT role during the portal project.
2. **Tailor SBHC portal deployment to the grade level of the school site.** Patient populations are different in early childhood centers, middle schools, and high schools, and each grade level should be considered separately in portal implementation planning. Kids First adjusted workflows to address grade level differences in the Kids First clinics and developed separate staff training materials for each grade level.
3. **Providing minors with portal access is a complex issue that requires legal advice.** Providing portal access to young patients can bring benefits for both patient and provider, but care must be taken to comply with federal and state laws. Laws govern how protected health information can be shared through the portal, and with whom it can be shared. Kids First balanced their desire to engage their patients with their legal obligations and crafted a minor access policy that was vetted and approved by a clinic legal resource.
4. **Phased implementation is effective when staffing is constrained.** Many SBHCs operate with limited HIT staffing, including Kids First. While it would be ideal if there were funds to support dedicated HIT staffing to a portal implementation project, this is not an option for all SBHCs. Kids First made the most of the resources they had by starting with a limited pilot that tested functionalities with one provider in one location to give them a chance to refine workflows and revise training materials before full deployment.
5. **Creative approaches to training and support are essential to leverage limited HIT staffing.** The person Kids First hired to support implementation was a short-term employee, but they knew they would need staff training far beyond the length of her

employment. Before her contract ended she wrote training materials for each Kids First clinic type and built short training videos that were shared with clinic staff to support portal usage.