

WITH WORLD-CLASS DOCTORS FROM



NewYork-  
Presbyterian

# Modernizing and Maximizing Enrollment: Implementing an Online Consent Portal for an SBHC Program

Ryan Levy, MA and Julie Blitzler, PhD

# Presenters



**Julie Blitzer, PhD**

Outreach and Prevention Psychologist

[jub9048@nyp.org](mailto:jub9048@nyp.org)



**Ryan Levy, MA**

Grant Reporting Manager

[ryl9010@nyp.org](mailto:ryl9010@nyp.org)

# NYP School-Based Health Center (SBHC) Program

## Locations:

Upper Manhattan & The Bronx



**76%**

Enrollment  
Across All  
Campuses

**83%**

Adolescent  
(12+) Patients

**57%**

Sexually-Active  
Females Use  
Effective  
Contraception

## Services:

- Primary and acute medical care
- Family planning services
- Individual and classroom-based health education
- Mental health services
- Dental services
- Nutrition counseling
- Prevention programming (mental health, reproto, and wellness)

# Agenda

Friday March 17th, 10:45am

1

## Context & Preliminary Steps

- Impact of Pandemic
- Advances in Outreach Methods
- IT Project Management Office (PMO) request

2

## Development & Implementation

- Development Timeline
- Technical Specifications
- Tour of the Web Consent
- Dissemination & Building Awareness

3

## Impact & Lessons Learned

- Usage
- Return on Investment (ROI)
- Recommendations

**STAY  
AMAZING**


└ NewYork-  
└ Presbyterian



# **Context & Preliminary Steps**

# Laying the Groundwork

Our initial digital  
outreach response when  
the Pandemic began



Utilized Google Voice  
for text messaging  
with patients around  
scheduling

**Gained access to  
NYP's AT&T text  
messaging system**

Established email  
addresses for each  
SBHC campus

Created an online  
contact form

Gained access to  
schools' Google  
domains

Updated existing  
website

# Making Your Case:

## Submitting an IT Project Management Office (PMO) Request



### Description of Business Need:

- Consent forms need to be done prior to student receiving routine care.
- Paper forms pose a barrier to enrollment and access to services
  - Paper form distribution uneven
  - Challenges with student/parent drop-off create unnecessary barriers
- A digital form addresses these issues in the following ways
  - Increases ability to disseminate consent form to parents
  - Improves PFA (front desk staff) workflow and efficiency
  - Reduces paper use and waste
- Improve data management of information collected on the consent form.

# Setting Your Goals:

## Submitting an IT Project Management Office (PMO) Request



Allow parents and students to complete the enrollment packet and endorse the NYC DOHMH/DOE approved consent form digitally.



Increase enrollment and, in turn, visit volume.



Improve the collection and management of student data



Reduce unnecessary use of resources related to enrollment



**STAY  
AMAZING**

**└ NewYork-  
└ Presbyterian**

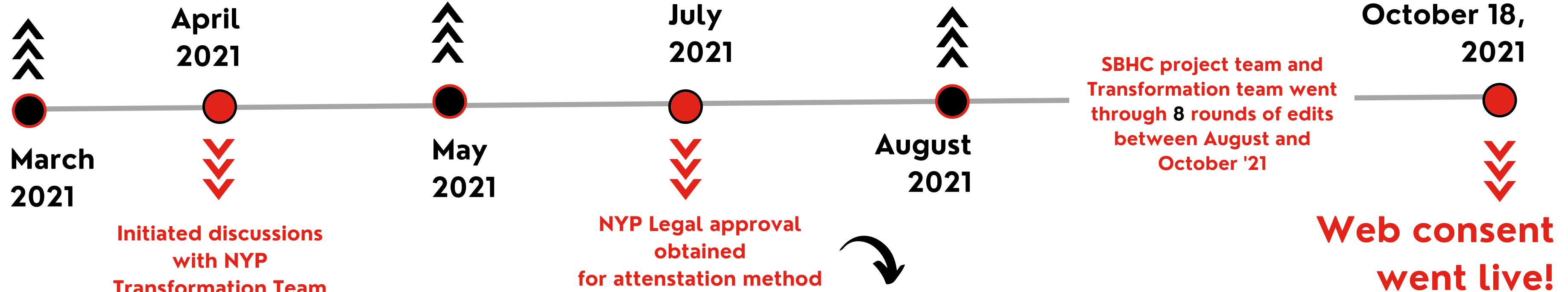
## **2 Development & Implementation**

# Web Consent Development Timeline 2021-2022

PMO Request  
Approved & a NYP  
Transformation team  
was assigned to our  
project

NYP Transformation team  
began building our  
solution

Demo viewed by SBHC  
project team and user  
acceptance testing (UAT)  
was initiated



NYC DOHMH gave  
permission to begin work  
and gave approval of  
attestation method

- Basic structure and functionality
- Attestation methods
- Staff access to data

The screenshot shows a web form with two main sections, each with a checkbox for consent, a text box for the parent/guardian's name, and a red button labeled "Click here to check and accept".

**Parental consent for School-Based Health Center Services**

☐ I have read and understand the services listed at this page (School-Based Health Center Services). Checking here serves as my signature that provides consent for my child to receive services provided by the NEW YORK PRESBYTERIAN HOSPITAL School-Based Health Center, including telemental health. By law, parental consent is not required for the conduct of mandated screenings, the application of first aid treatment, prenatal care, services related to sexual behavior and pregnancy prevention, and the provision of services where the health of the the student appears to be endangered. Parental consent is not required for students who are 18 years or older or for students who are parents, married or legally emancipated. My signature indicates I have received a copy of the Notice of Privacy Practices. My signature also gives my consent to contact other providers who have examined my child.

\* Name of parent/guardian completing this form

Name of parent/guardian completing this form

Click here to check and accept

**HIPAA compliant parental consent for release of health information**

☐ I have read and understand the release of health information in box 2 at this page (New York City Department of Education's Fact Sheet for Parental Consent for Release of Health Information). Checking here serves as my signature for my consent to release medical information as specified in the box 2 section only.

\* Name of parent/guardian completing this form

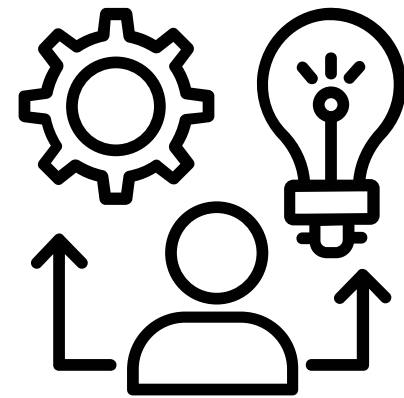
Name of parent/guardian completing this form

Click here to check and accept

Continue

# The Identified Solution

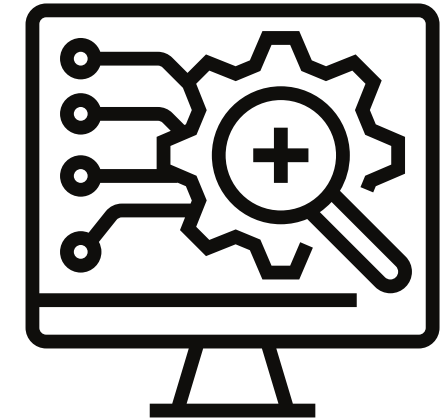
## Solution Structure



### Two Elements:

1. Parent-Facing Web Consent Form
2. SBHC-Facing Web Consent Portal

## Technical Specs



**Framework:** ASP.NET MVC

**Languages:** C# and JavaScript

**Database:** SQL Server 2019

**Server:** IIS on Windows Server 2016

# Let's Take a Tour

Parent-Facing Consent Form

## 2 - Required Cover Letter

www.bit.ly/SchoolHealthConsent



### 1 - Landing Page

myapps.nyp.org/ApptRequest/SBHC/SchoolSelection

ox (49,534) - j... NYP Kronos Amazon.com Sho... Google Drive NYP Outlook Trauma-Informed... Missed Punch Form Fave Meditation OneSignal

Your Preferred Language / Idioma Preferido

English

Connecting your child to **free, convenient care** at their School-Based Health Center is as simple as completing this electronic form.

Once you've completed this form, your child will be able to access all of our services whenever they need them, whether it's a physical exam for sports or working papers, needed immunizations, care for an illness or injury, mental health support, nutrition counseling, and much more.

To get started, please select your child's **campus** and then the **school** they attend.

Campus Name / Campus


--Select--


School Name / Escuela

--Select--

Reset

Select

 NewYork-Presbyterian

 **NewYork-Presbyterian**  
Columbia University Irving Medical Center

**NewYork-Presbyterian Hospital**  
Columbia University Irving Medical Center  
60 Haven Avenue, B3  
New York, NY 10032  
TEL 646 317 1177  
EMAIL: SBHC@nyp.org

**It's fast and easy for your child to receive health care services through the NewYork-Presbyterian Hospital School-Based Health Center!**

Dear Parent or Guardian:

We are happy to inform you that the John F. Kennedy Educational Campus (99 Terrace View Ave)' School-Based Health Center (SBHC) is open and ready to serve your child! The SBHC is run by NewYork-Presbyterian Hospital and has licensed professionals consisting of medical, dental, mental health and health education providers.

At the School-Based Health Center, your child can receive the services listed below at **no cost** to you, regardless of insurance status. The SBHC is allowed to bill insurance, however there are **no co-pays for you**, and **you do not receive a bill**. Your child can access most SBHC services from home through video visits using a smartphone or tablet! **In order to access virtual care, students will need to sign up for a Connect patient portal account and download the MyChart and Zoom apps.** As always, the SBHC staff are available to help.

**School - Based Health Center Services include:**

- Complete physical examinations
- Medications and prescriptions
- Medical laboratory tests; Immunizations
- Medical care, including treatment for acute and chronic conditions
- Age appropriate reproductive health care

- Health Education and Counseling
- Mental Health Counseling and services
- Screening for vision, hearing, asthma, obesity, and other medical conditions;
- Access to care 24 hours/day, 7 days/week

**Please know that your child can use the School-Based Health Center and see your other doctors as well. Signing this consent does not change your insurance, does not change your private doctor, and does not affect the number of times your child can see their primary doctor**

To register your child for the services of our School-Based Health Center, please read and complete the SBHC enrollment form and sign the Parental Consent form. The Notice of Privacy Practises can be found [here](#)

- Parental Consent Form
- School-Based Health Center Health History Form Questionnaire
- Insurance Referral Form (Only if you currently have NO insurance)

These forms can all be completed from this portal. The Notice of Privacy Practices can be found [here](#)

The School-Based Health Center is located in room C104 of your child's school and is open every school day between the hours of 8am – 4:30pm. We look forward to meeting you and providing health services to your child. Feel free call us at (646)-317-4201 for more information.

Sincerely,

**Josie Dominguez**  
Program Manager  
Center for Community Health & Education  
Ambulatory Care Network  
NewYork-Presbyterian

**Mark House, Principal**  
*Bronx Engineering and Tech Academy*

**Kirsten Larson, Principal**  
*Marble Hill HS for Intl Studies*

**Dr. Jessica Goring, Principal**  
*Bronx School of Law and Finance*

**Shoundel McIntosh-Gayle, Principal**  
*Bronx Theatre High School*

**Magali Hicks, Principal**  
*New Visions Charter HS for Humanities*

**Norma Vega, Principal**  
*ELLIS Academy*

**Robert Hiller, Principal**  
*New Visions Charter HS for Advanced Math and Science*

**Doreen Kendall, Principal**  
*YABC at Kennedy Campus*

[Click Here to Complete Parental Consent Form](#)

# Let's Take a Tour

Parent-Facing Consent Form

## 3 - Student and Family Demographic Information

Campus: John F. Kennedy Educational Campus (99 Terrace View Ave)

School: Bronx Theatre High School

Please know that your child can use the School-Based Health Center and see your other doctors. Signing this consent does not change your insurance, does not change your private doctor, and does not affect the number of times your child can see their private doctor.

Fields with red asterisk ( \* ) are required fields

### Student Information

* Last Name	* First Name	
Last Name	First Name	
* Date of Birth	* Student Address	
	Student Address	
* City	* State	* Zip Code
City	State	Zip Code
* Email	* Student Cell Number	
Email	Student Cell Number	
Student SSN	* Grade	
Student SSN	--Select--	
* Sex (legal)	* Gender Identity	
--Select--	--Select--	
* Race (select all that apply)		
Race (select all that apply)		
* Is the student of Hispanic/Latino(a) background?		
--Select--		
List the student's regular doctor or medical provider, if they have one?		
Doctor or medical provider's Name		
Doctor or medical provider's Phone		
Doctor or medical provider's Address		
Doctor or medical provider's Email		
Indicate the Pharmacy where we can send prescriptions		
Pharmacy Name		
Pharmacy Address		
Pharmacy Phone		

### Parent Information

Parent/Legal Guardian	
* Last Name	* First Name
Last Name	First Name
* Home/Work Phone	Cell Number
Home/Work Phone	Cell Number
* Email	* Relationship to Student
Email	--Select--
* Date of Birth	* Preferred Language
	Preferred Language
Additional Parent/Legal Guardian (optional)	
Last Name	First Name
Last Name	First Name
Date of Birth	Relationship to Student
	--Select--
Home/Work Phone	Cell Number
Home/Work Phone	Cell Number
Email	Preferred Language of Parent/ Guardian
Email	Preferred Language of Parent/ Guardian
Additional Emergency Contact	
Name	Relationship to Student
Name	--Select--
Home/Work Phone	Cell
Home/Work Phone	Cell
Insurance Information	
* Does your child have Medicaid?	
<input type="radio"/> Yes <input type="radio"/> No	
Does your child have other health insurance?	
<input type="radio"/> Yes <input type="radio"/> No	
Member ID/Policy Number	
Member ID/Policy Number	
If your child does not have health insurance, would you like a representative to contact you to assist with getting health insurance?	
<input type="radio"/> Yes <input type="radio"/> No	
Does your child have Child Health Plus?	
<input type="radio"/> Yes <input type="radio"/> No	
Health Insurance Phone	
Health Insurance Phone	



## 3 - Attestation Section

### Parental consent for School-Based Health Center Services

☐ I have read and understand [the services](#) listed at this page (School-Based Health Center Services). Checking here serves as my signature that provides consent for my child to receive services provided by the NEW YORK PRESBYTERIAN HOSPITAL School-Based Health Center, including telemental health. By law, parental consent is not required for the conduct of mandated screenings, the application of first aid treatment, prenatal care, services related to sexual behavior and pregnancy prevention, and the provision of services where the health of the student appears to be endangered. Parental consent is not required for students who are 18 years or older or for students who are parents, married or legally emancipated. My signature indicates I have received a copy of the Notice of Privacy Practices. My signature also gives my consent to contact other providers who have examined my child.

\* Name of parent/guardian completing this form

Name of parent/guardian completing this form

Click here to check and accept

### HIPAA compliant parental consent for release of health information

☐ I have read and understand the release of health information in box 2 at [this page](#) (New York City Department of Education's Fact Sheet for Parental Consent for Release of Health Information). Checking here serves as my signature for my consent to release medical information as specified in the box 2 section only.

\* Name of parent/guardian completing this form

Name of parent/guardian completing this form

Click here to check and accept

Continue

# Let's Take a Tour

Parent-Facing Consent Form

## 5 - Confirmation Page

## 4 - Health History Information

Campus: John F. Kennedy Educational Campus (99 Terrace View Ave)

School: Bronx Theatre High School

Health History Form

Fields with red asterisk ( \* ) are required fields

Child's legal name

test test

Date

3/14/2023

Child's preferred/nick name

Child's preferred/nick name

Child's birthday

8/16/2022

Age

0

Grade

11

Did the student see a doctor in the past year?

Yes

No

Did the student see a dentist in the past year?

Yes

No

Is the student allergic to any medications, foods or environmental factors

Yes

No

Please provide the following information about medications, herbs or supplements that student is currently taking, including non-prescription medicines such as cold medicine or vitamins:

Medicine	Reason taken	
		+
Make sure to click + sign after entering each medication to save it to the list		

Does the student have any of the following health issues? (check all that apply)

Asthma

Yes

No

Diabetes

Yes

No

Positive PPD, Tuberculosis, BCG Vaccine

Yes

No

Seizures, Epilepsy

Yes

No

Other problem

Other problem

Blood disorder, Sickle cell

Yes

No

Heart disease or heart problem

Yes

No

Cancer

Yes

No

Migraines or chronic headaches

Yes

No

Would you like the student to have an appointment with us for any of these types of visits as soon as possible? (check all that apply)

Physical Exam

Yes

No

Care for a recent illness or injury

Yes

No

Mental health counseling

Yes

No

Dental

Yes

No

Vaccine(s)

Yes

No

Care for a chronic illness (ex: asthma, diabetes)

Yes

No

Reproductive health

Yes

No

Submit

Your submission has been received

Thank you for completing the parental consent form. If you would like to schedule an appointment for your child, [click here](#)

Please click below if you would like help obtaining free or low-cost health insurance.

Help

If you have NO health insurance, we can help!

Dear Parent or Guardian,

If you or your child/children do **not** have any type of health insurance, we can help you get **free** or **low cost insurance** . If you would like help obtaining health insurance, please provide the following information and a representative from a community health plan will contact you.

Fields with red asterisk ( \* ) are required fields

\* Name of PARENT or GUARDIAN

Name of PARENT or GUARDIAN

\* Street address

Street address

\* State

State

\* What is the best way to contact you?

--Select--

Work telephone

Work telephone

\* What are the best times to call?

--Select--

\* Name of STUDENT

test test

\* City

City

\* Zip code

Zip code

Home telephone

Home telephone

Cell Phone

Cell Phone

Submit

SCHOOL-BASED HEALTH CENTER CONTACT FORM

This form is a quick and easy way for you to let us know you need something from us. Please use this only for non-urgent requests - in other words, stuff that can wait a day or so. Remember, you will **NEVER** be billed for services you receive from us! If this is a crisis or emergency and you need help to remain safe, please seek out a trusted adult in your life or call 911 immediately. If you are feeling stressed or overwhelmed and need someone to talk to right away, contact NYC Well by texting "WELL" to 6173 or calling 1-888-692-4355.

Este formulario es una forma rápida y fácil de decirnos qué necesita de nosotros. Úsalo solo para solicitudes que no sean de urgencia, es decir, cosas que puedan esperar un día o más. Recuerde que todos nuestros servicios son **GRATIS** para niños matriculados en esta escuela. Si tiene una crisis o una emergencia y necesita ayuda inmediata, hable con un adulto en quien confíe o llame al 911. Si se siente estresado o abrumado y necesita hablar con alguien de inmediato, comuníquese con NYC Well enviando "WELL" por mensaje de texto al 6173 o llamando al 1-888-692-4355.

An Easy Way to Contact Us / Una Manera Fácil de Contactarnos

Student's name / El nombre del estudiante \*

Student's date of birth / Fecha de nacimiento del estudiante \*

Which campus? / ¿Qué campus? \*

Select

Which school? / ¿Qué escuela? \*

How can we help you? (You can select more than one.) / ¿Cómo podemos ayudarle? (Puede seleccionar más de una.) \*

Select

What is the best way to privately contact you? / ¿Cuál es la mejor manera para comunicarse con usted en privado? \*

Select or enter value

Please enter your email address or cell phone number. / Escriba su dirección de correo electrónico o su número de teléfono celular. \*

☐ Send me a copy of my responses

Submit

Privacy Notice | Report Abuse

NewYork-Presbyterian

# Let's Take a Tour

Staff-Facing Consent Portal

## 1 - Landing Page

NYP SBHC Consent Report Portal

NewYork-Presbyterian

Welcome

To review, export and process electronically submitted SBHC consents, please log in below.

Username

cwid

Password

password

Sign In

Remember me

## 2 - Web Consent Database

NewYork-Presbyterian

View/Export Reports

Campus: All SBHC Consents

Date Range: September 1, 2021 - March 14, 2023

Campus	School	First Name	Last Name	Date of Birth	Email	Grade	Consent Date	Processed	
I.S. 143 Campus (515 W. 182 St)	(M348) Washington Heights Expeditionary Learning School (WHEELS)					4	03/11/2023, 11:55 AM	<input type="checkbox"/>	
George Washington Educational Campus (549 Audubon Ave)	(M467) Law and Public Service					11	03/09/2023, 10:17 AM	<input type="checkbox"/>	
Percy Sutton Educational Complex (6 Edgecombe Ave)	(M304) Mott Hall HS					11	03/07/2023, 11:40 AM	<input checked="" type="checkbox"/>	
George Washington Educational Campus (549 Audubon Ave)	(M463) Media and Communications					K	03/06/2023, 09:02 PM	<input type="checkbox"/>	
John F. Kennedy Educational Campus (99 Terrace View Ave)	Bronx Theatre High School					10	03/06/2023, 08:25 PM	<input type="checkbox"/>	
John F. Kennedy Educational Campus (99 Terrace View Ave)	Bronx Theatre High School					10	03/06/2023, 08:23 PM	<input type="checkbox"/>	
John F. Kennedy Educational Campus (99 Terrace View Ave)	Bronx Theatre High School					10	03/06/2023, 08:21 PM	<input type="checkbox"/>	
John F. Kennedy Educational Campus (99 Terrace View Ave)	New Visions Charter High School for Advanced Math and Science (AMS)					9	03/03/2023, 11:06 AM	<input type="checkbox"/>	
John F. Kennedy Educational Campus (99 Terrace View Ave)	English Language Learners and International Support Preparatory School (ELLIS)					9	03/01/2023, 12:02 PM	<input type="checkbox"/>	
John F. Kennedy Educational Campus (99 Terrace View Ave)	New Visions Charter								



# Dissemination & Awareness



## An introduction to your child's School-Based Health Center

George Washington Educational Campus  
646-317-0500  
GW@nyp.org



### What we do

Your child's school building includes an on-site **School-Based Health Center** fully staffed and run by NewYork-Presbyterian Hospital, the #1 hospital in New York for more than 20 years. Your child can receive **free, convenient** care from us, including:

- Medical care (ex: immunizations, physical exams for sports or working papers, care for illnesses and injuries)
- Mental health support
- Health education
- Nutrition counseling
- And much more!

NOTE: Enrolling your child in our services **does not** impact your insurance, your child's primary care doctor or the number of times your child can be seen by their primary care doctor.

### FAQs

**Does my child need insurance to be seen at the School-Based Health Center?**  
**No.** We see all students regardless of insurance status, and all our services are completely free to you. (If your child is enrolled in Medicaid, we will bill their insurance; however, there are no co-pays and your family will never receive a bill.)

**Are we offering the COVID-19 vaccine?**  
**Yes.** We are offering the Pfizer vaccine to all students 12 years old and older, with parental consent.

**Are we offering COVID-19 testing?**  
**Yes.** Students who develop COVID-19 symptoms can be assessed by us and tested for COVID-19.

**How do I get started?**  
To access our services, you will need to complete a consent form on your child's behalf. Go to [bit.ly/SchoolHealthNYP](https://bit.ly/SchoolHealthNYP) to quickly and easily request a consent form, get your child set up for an appointment, or simply ask us any questions you have.

You can also call us at 646-317-0500 or email us at [GW@nyp.org](mailto:GW@nyp.org).

Ready to complete the parent/guardian consent form? Do it online here! 

Want to make an appointment? Have questions? Contact us here! 

## Web Consent Link & QR Code



[bit.ly/SchoolHealthConsent](https://bit.ly/SchoolHealthConsent)





School-Based Health Centers




## Need to complete your parent/guardian consent form?


Hover your phone's camera over this QR code or click the link to fill it out online!



[bit.ly/SchoolHealthConsent](https://bit.ly/SchoolHealthConsent)



### SCHOOL-BASED HEALTH CENTER CONTACT FORM



This form is a quick and easy way for you to let us know you need something from us. Please use this only for non-urgent requests - in other words, stuff that can wait a day or so. Remember, you will **NEVER** be billed for services you receive from us!

If this is a crisis or emergency and you need help to remain safe, please seek out a trusted adult in your life or call 911 immediately. If you are feeling stressed or overwhelmed and need someone to talk to right away, contact NYC Well by texting "WELL" to 65173 or calling 1-888-692-9355.

Este formulario es una forma rápida y fácil de decirnos que necesitamos de nosotros. Úsalo solo para solicitudes que no sean de urgencia, es decir, cosas que puedan esperar un día o más. Recuerde que todos nuestros servicios son **GRATIS** para niños matriculados en esta escuela.

Si tiene una crisis o una emergencia y necesita ayuda inmediata, hable con un adulto/a en quien confíe o llame al 911. Si se siente estresado/a o abrumado/a y necesita hablar con alguien de inmediato, comuníquese con NYC Well enviando "WELL" por mensaje de texto al 65173 o llamando al 1-888-692-9355.

[NewYork-Presbyterian](#)

An Easy Way to Contact Us / Una Manera Fácil de Contactarnos

Student's name / El nombre del estudiante \*

Student's date of birth / Fecha de nacimiento del estudiante \*

Which campus? / ¿Qué campus? \*

Which school? / ¿Qué escuela? \*

How can we help you? (You can select more than one.) / ¿Cómo podemos ayudarte? (Puedes seleccionar más de una.) \*

What is the best way to privately contact you? / ¿Cuál es la mejor manera para comunicarnos más en privado? \*

Please enter your email address or cell phone number. / Escribe su dirección de correo electrónico o su número de teléfono celular. \*

☐ Send me a copy of my responses

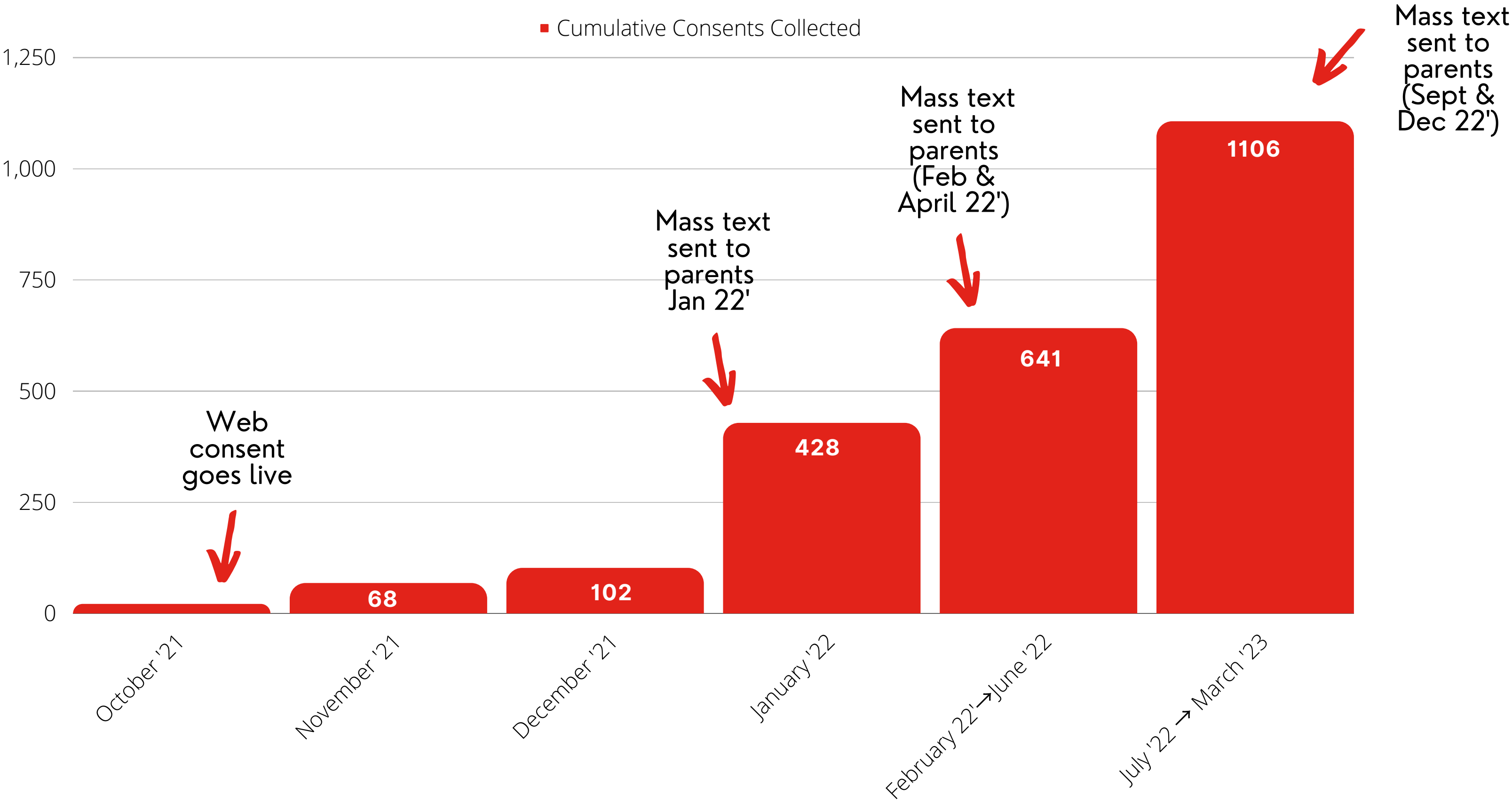
[Privacy Notice](#) | [Report Abuse](#)

**STAY  
AMAZING**

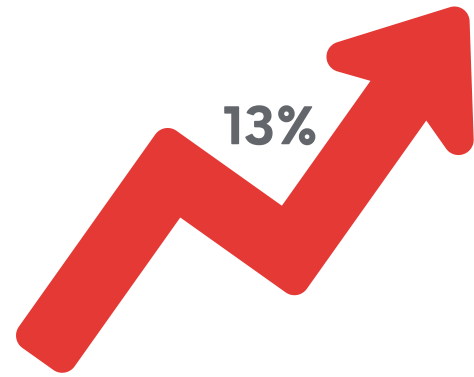
**┘ NewYork-  
┘ Presbyterian**

# **3 Impact & Lessons Learned**

# Electronic Consent Form Submissions



# Outcomes & ROI



**Enrollment:** During the first 4 months of roll-out (Oct '21 - Feb '22): **76%** of consents were submitted using the web portal. During this time we also saw an increase in enrollment of **13%**.



**Reach:** Decreased distribution time and effort: A curated message with the portal link can be mass texted to **thousands** of parents instantly.



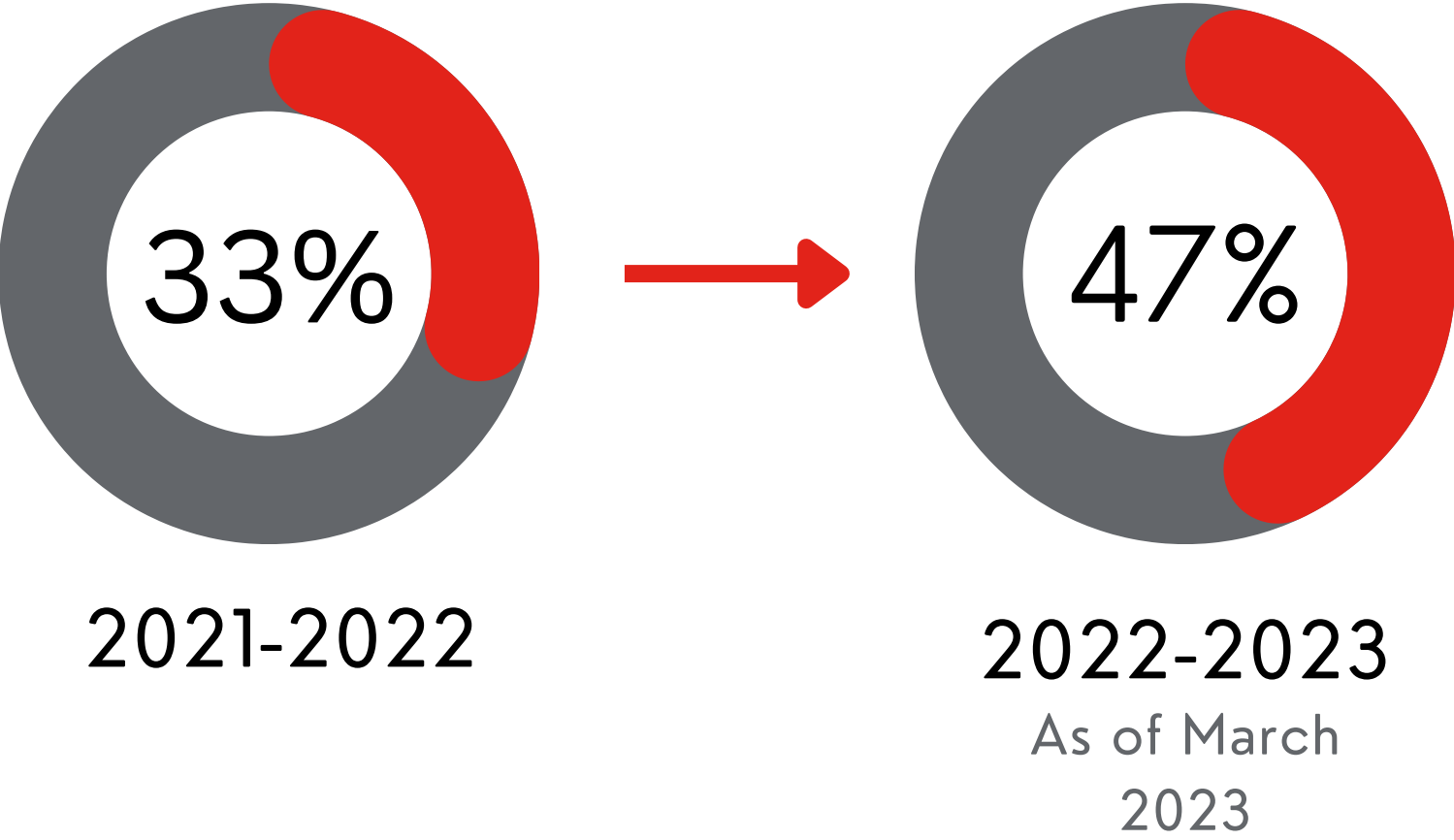
**Efficiency:** Drastically reduced time spent by PFAs (by **~75%**) scanning paper consent forms before uploading into our EMR and other reporting platforms, saving time and resources.



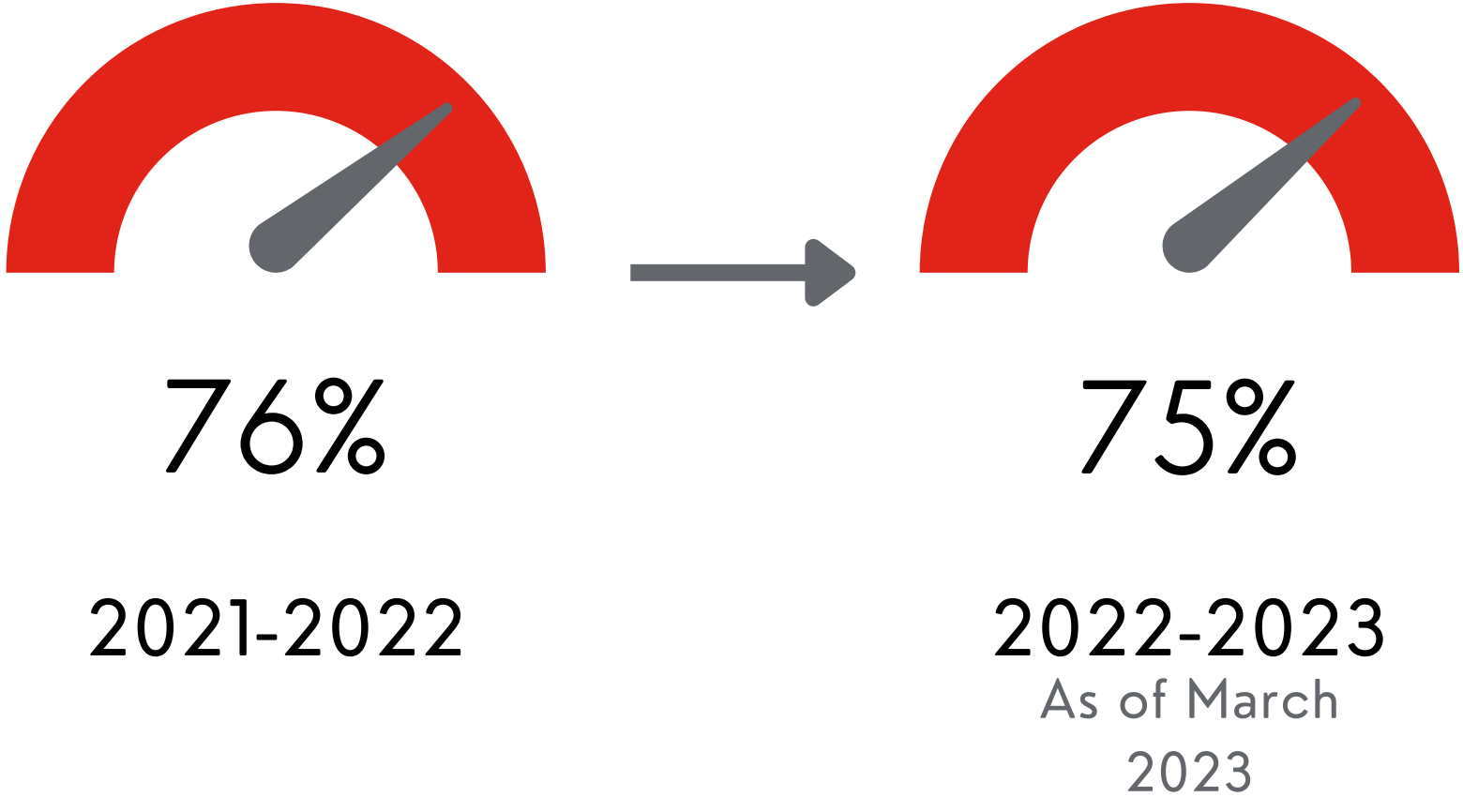
**Accuracy:** The web consent portal also reduces human error related to accurate and timely tabulation and processing of consent form submissions.

# Outcomes & ROI - Update

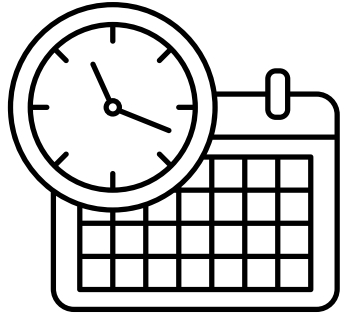
## Electronic Consents



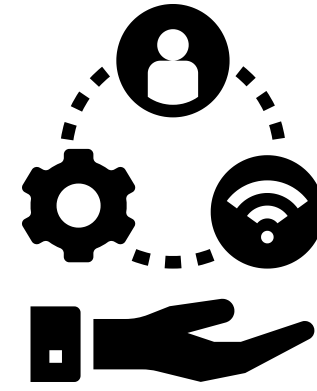
## SBHC Enrollment



# Lessons Learned & Recommendations



It doesn't happen overnight



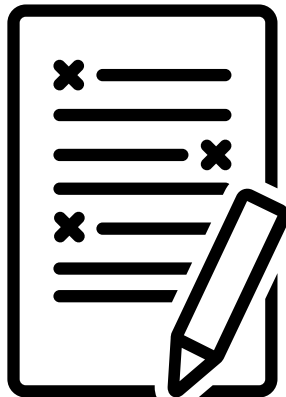
Find out what your institution's internal IT resources and capabilities are



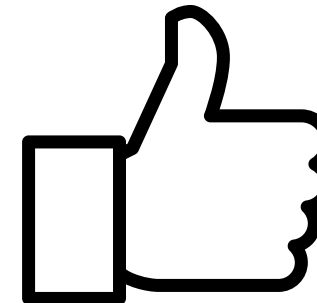
It never hurts to ask



Have a website, landing page, or other electronic home



Take time to simplify where you can

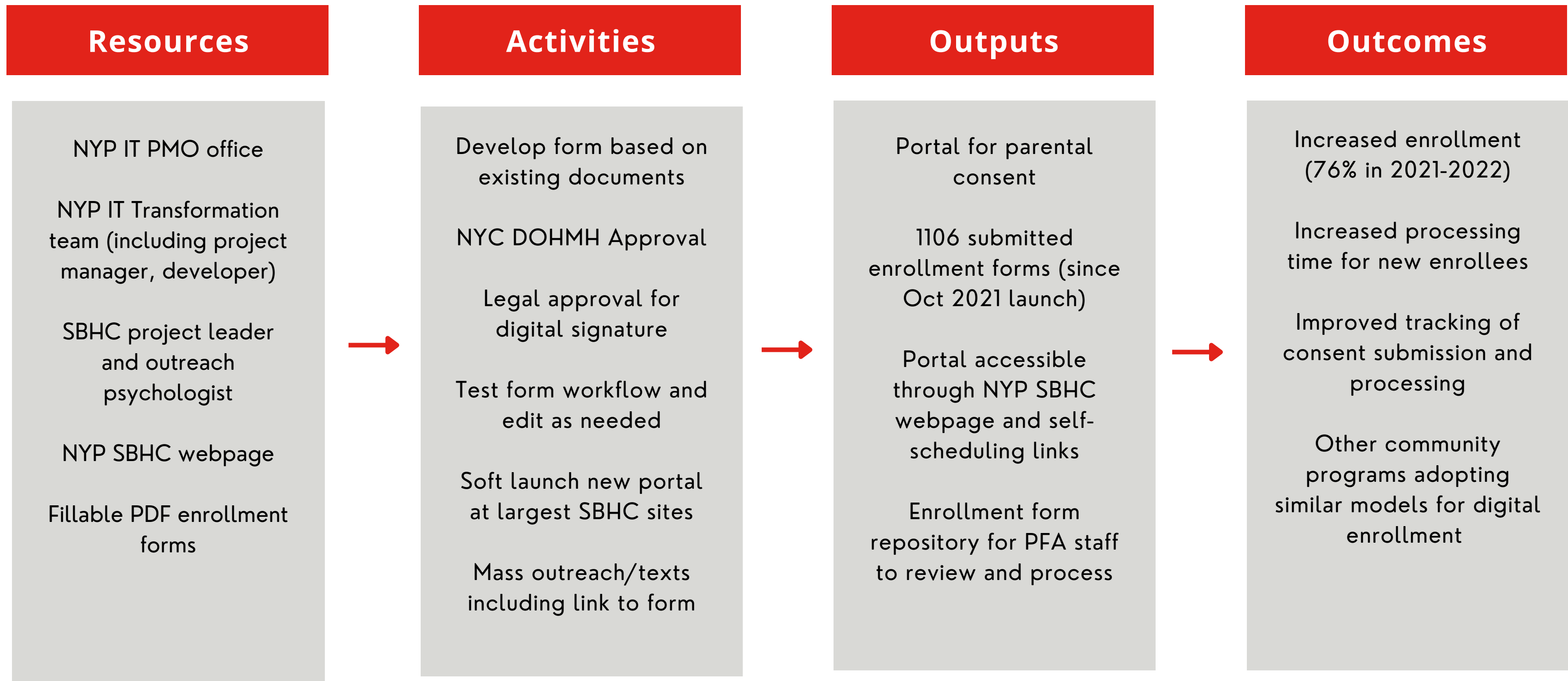


Prioritize user experience

# Summary Logic Model

Phase 1: Development and Implementation

Phase 2: Evaluation and Improvement



# Acknowledgements

**YOU  
ROCK**

**SBHC Management Team**

(Special shout out to  
Meredith Nechitilo, MPH!)

**SBHC Staff**

**NYP Digital Health Team**

**School Partners**



**STAY  
AMAZING**

**┘ NewYork-  
┘ Presbyterian**

**Questions?**

**STAY  
AMAZING**

 **NewYork-  
Presbyterian**

**Thank you!**