



School-Based Telehealth Program Start-Up and Operations

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DISCLOSURE

Seleena Moore, Kathy Wibberly, Katie King, and Elana Wells have no actual or potential conflicts of interest in relation to this presentation

OBJECTIVES

- **Describe three school-based telehealth program models.**
- **Identify at least two hybrid program implementation strategies.**
- **Describe two school-based telehealth operational challenges and ways to address these challenges.**

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Assessing Needs
and Readiness

Program Models

Business Model
and Case

Partnerships

Technology and
Equipment

Implementation

Program Models

School-Based Telehealth Program Playbook: Start-up and Operations



www.sbh4all.org/sbthplaybook



School-Based Telehealth

Program Models

School-Based Telehealth (SBTH)

Program Models

Comprehensive School-Based Health Center (SBHC) + Telehealth

- Comprehensive SBHC + Hybrid Telehealth
- Comprehensive SBHC + Telehealth Network

Telehealth Network + Rotating Onsite Services

Telehealth Exclusive

Program Models

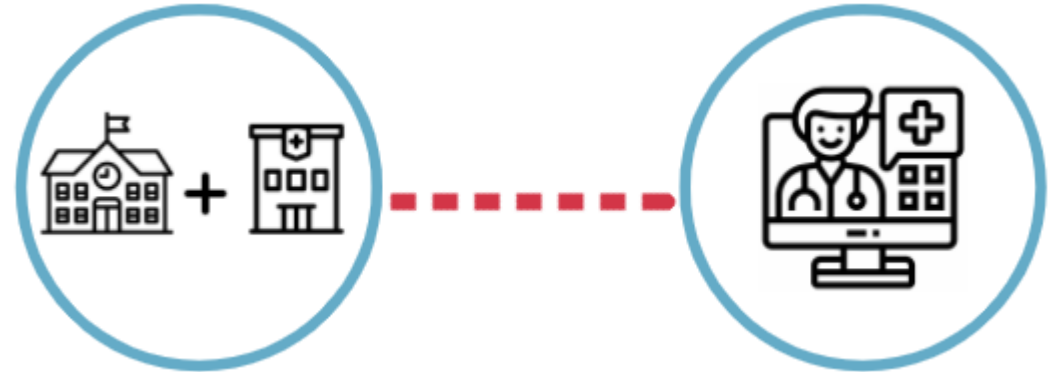
Comprehensive SBHC + Telehealth

Comprehensive SBHC & Hybrid Telehealth

Health care organization sponsors SBHC fixed location in a school or on a school campus

Students access in-person, comprehensive care from physically onsite providers

Students at SBHC can receive specialty care services via telehealth from a distant site



Program Models

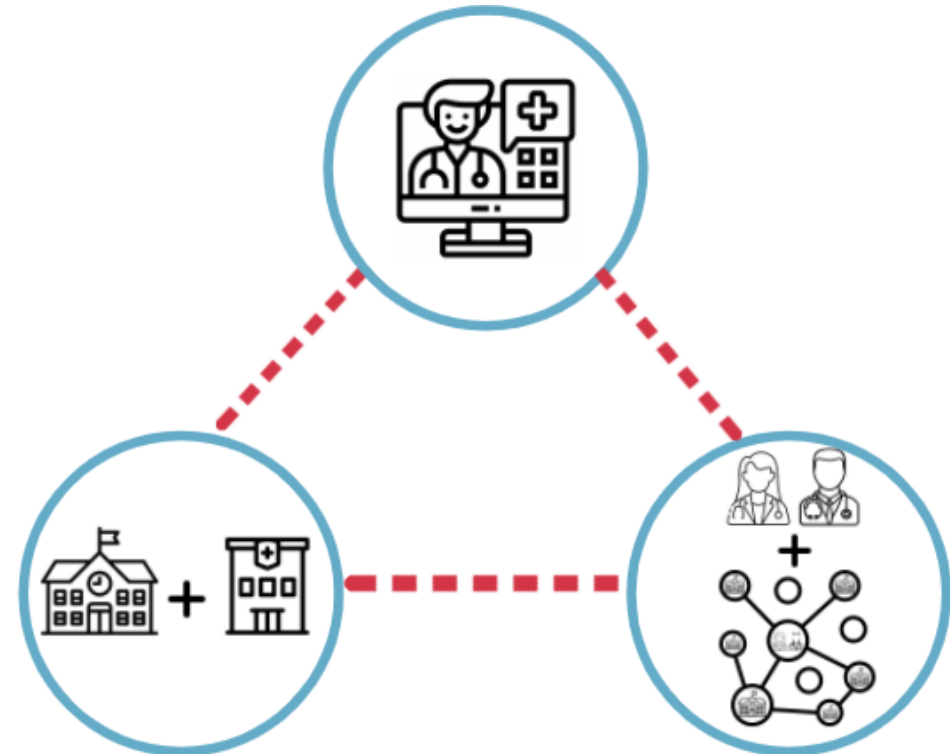
Comprehensive SBHC + Telehealth

Comprehensive SBHC & Telehealth Network

Healthcare org sponsors SBHC fixed location in a school or on a school campus

Provider delivers care via telehealth to students at other satellite schools

SBHC provider rotates through the satellite schools at regular intervals, delivering in-person preventive care



Program Models

Telehealth Network & Rotating Onsite Services

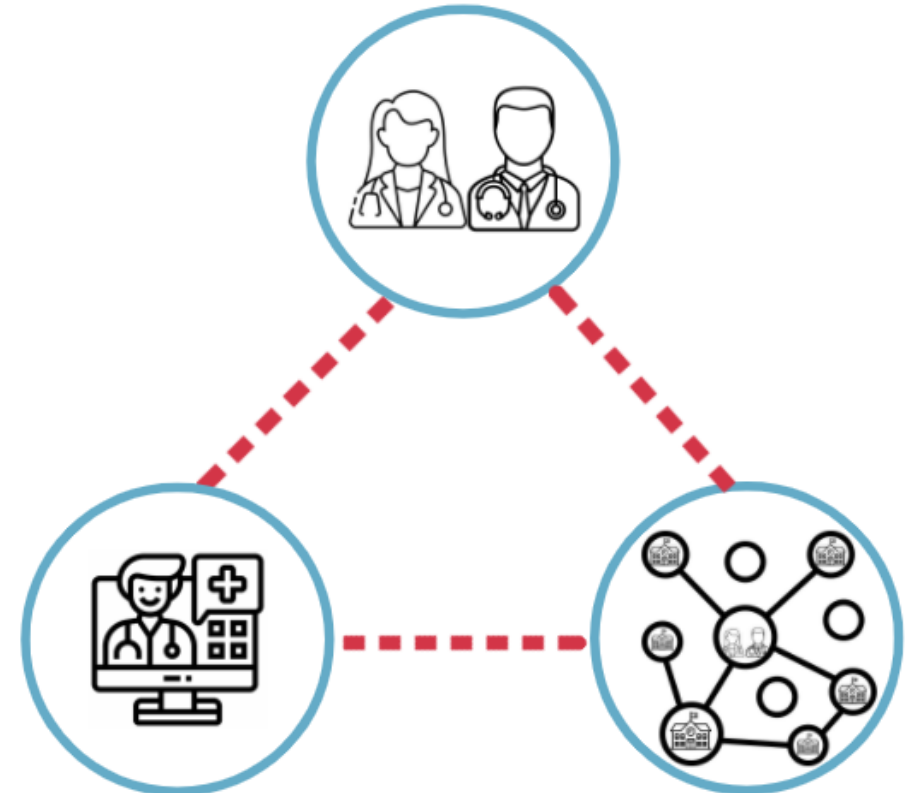
Health care organization does not sponsor traditional, on-site SBHC

Provides telehealth care to one or more schools, with the health care organization

SBTH visits are assigned in provider(s)' health care organization schedule(s)

Provider(s) regularly rotate through the school(s), delivering in-person preventive care

When provider onsite at a school, may deliver care via telehealth to other participating school(s)

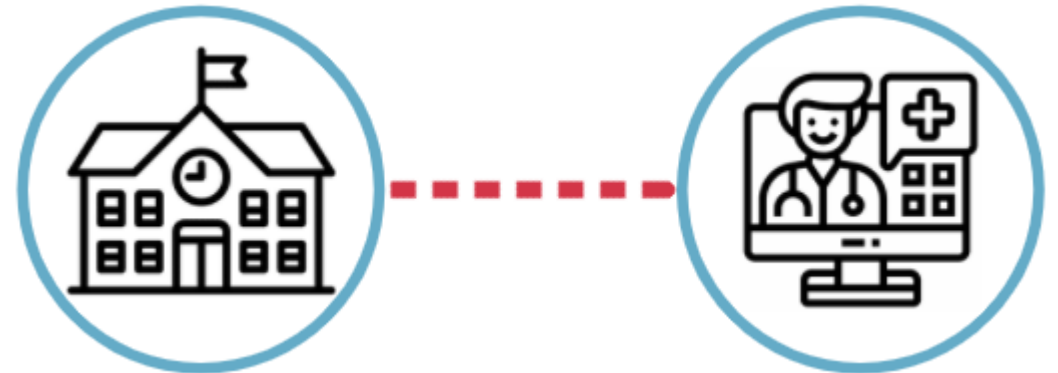


Program Model

Telehealth Exclusive

Students access care at a fixed location on a school campus

Providers are available remotely for all services





School-Based Telehealth

Structuring a Comprehensive+Hybrid Model

Before You Start...

- I know why I am employing telehealth and can clearly articulate the need(s) I'm trying to solve (if not, see *Assessing Needs and Readiness*).

- I can clearly articulate the program model I will implement and the telehealth services I will launch. I identified and engaged in planning with all members of the SBTH team. Each person clearly understands the program model and their specific roles and responsibilities (if not, see *Program Models*).

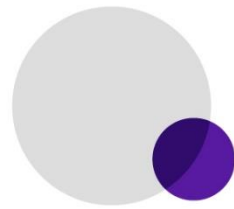
- I mapped out the ideal workflow and considered the needs of students, the SBTH team, and other key stakeholders (if not, see *Partnerships*).

It's Not In-Person Care Versus Telehealth BUT In-Person Care + Telehealth

OLIVER WYMAN

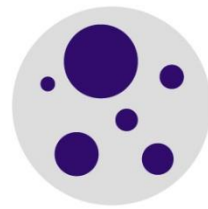
THE SHIFT TO HYBRID CARE

Amwell's survey findings suggest we are in the midst of an accelerating transition from virtual care to hybrid care. The evolution from early telehealth models to hybrid care has been years in the making and is characterized by increasing integration of telehealth technology into traditional in-person care.



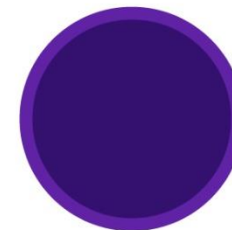
Introducing telehealth

In its formative phase, telehealth was limited to certain use cases (such as urgent care and telepsychiatry) and tended to stand apart from in-person care, often with separate infrastructure, care pathways, and clinicians.



Virtual care

As telehealth technology has evolved and the awareness of its potential applications has grown, healthcare providers have incorporated virtual care into a broader range of care settings – though often still in silos and not altogether seamlessly.



Hybrid care

In the hybrid care model, the barriers between in-person and virtual care evaporate and telehealth becomes infused throughout the system, creating new care pathways and experiences that seamlessly blend the physical and the digital.

Telehealth In-person care

Why Go Hybrid? What Need(s) Are You Trying to Solving?

Solution Looking for a Problem

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"My team has created a very innovative solution,
but we're still looking for a problem to go with it."

Poor Care
Coordination

Missed/Cancelled
Appointments

Access to Care

Students with
Special Health
Care Needs

Homebound
Students

School
Closings

Clinician
Burnout/Turnover

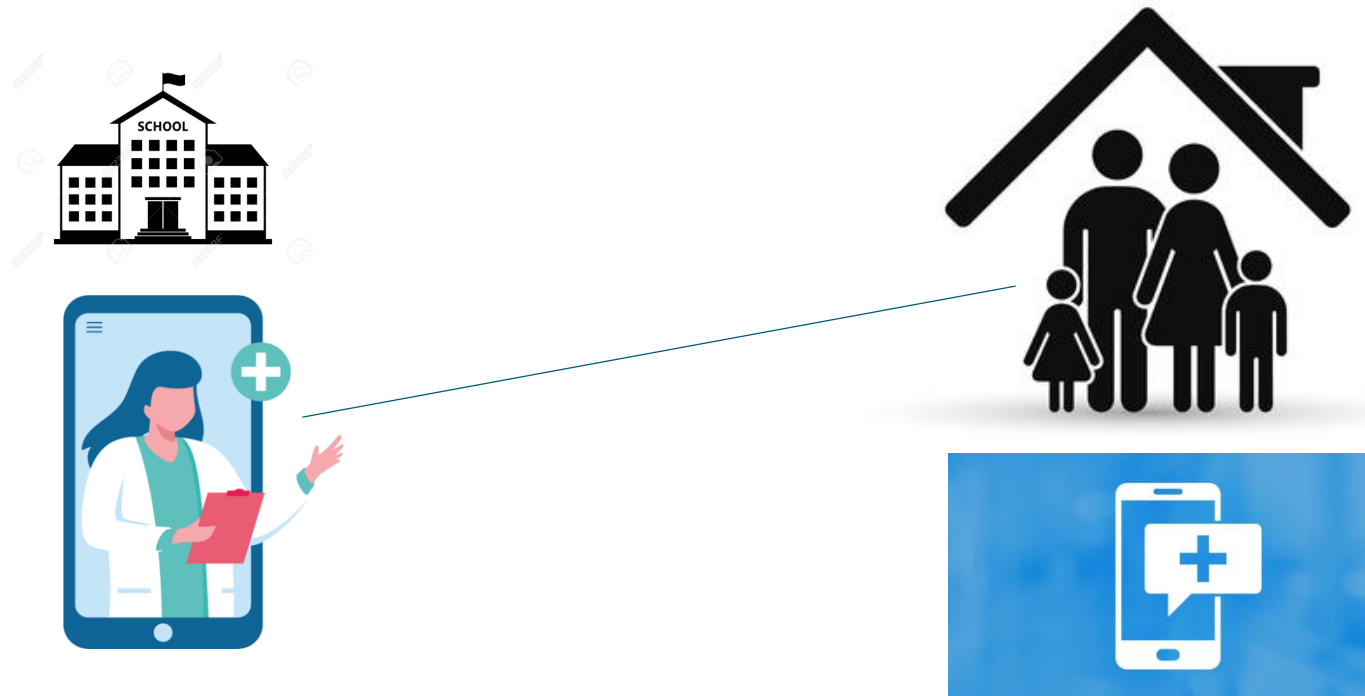
Social
Determinants of
Health

Poorly Managed
Chronic Conditions

Lack of
Student/Family
Engagement

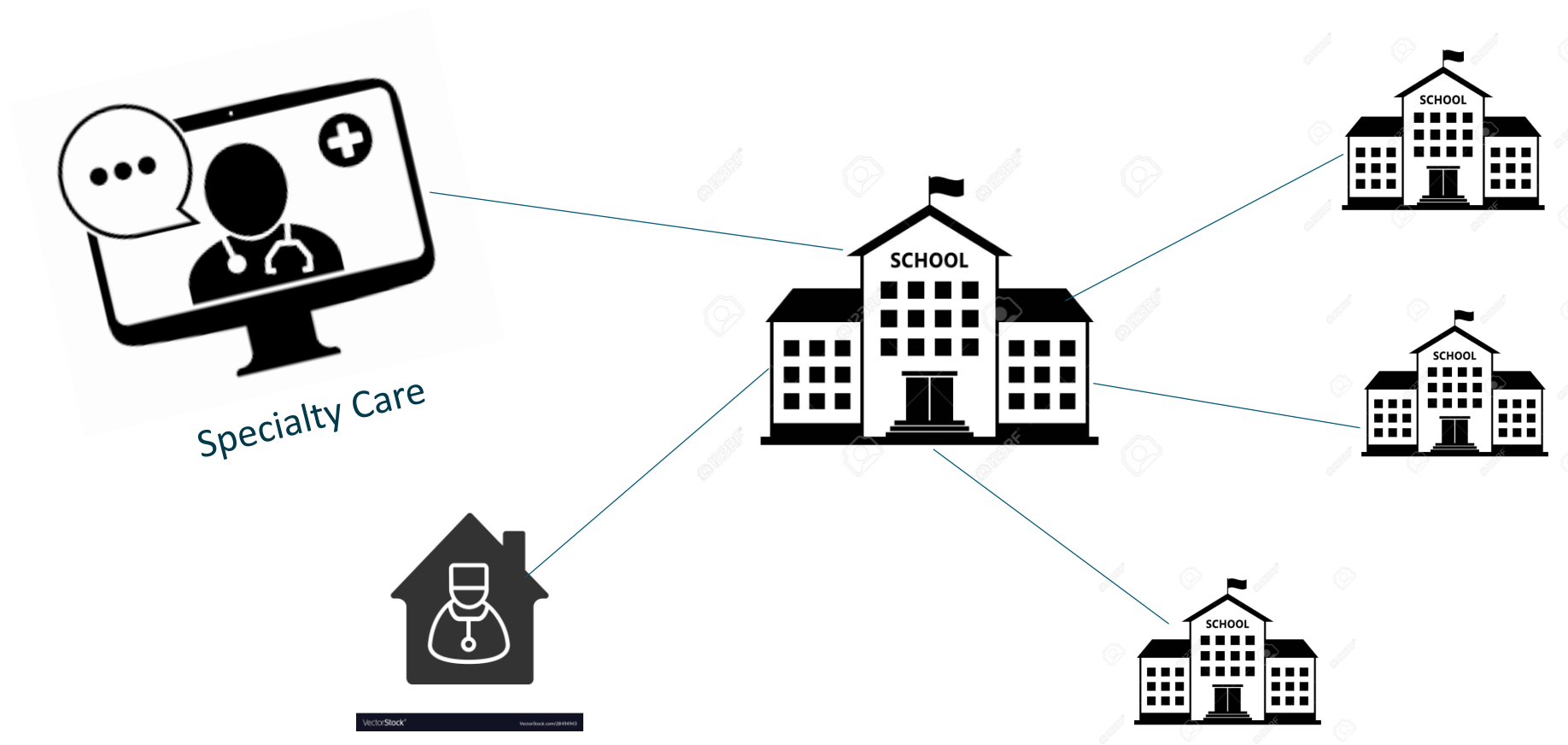
The Need Helps to Define the Hybrid Model

**Need: Social Determinants/Homebound
Students/School Closures/Family Engagement/Missed Appointments**



The Need Helps to Define the Hybrid Model

Need: Access to Care/Provider Burnout





The Hybrid Model Shapes the Workflow

Options for Scheduling



Telehealth Time Block

- Best for reducing double scheduling with in-person care; may block out time daily or for certain periods throughout the week
- Not as flexible an option for patients; may limit their ability to self-schedule



Telehealth Days

- Best for physicians who work remotely or see a large number of patients remotely
- Depending on overall workload, may be challenging to devote full day to telehealth appointments



On-Call Scheduling

- Best for physicians who are looking to extend their hours into evenings or weekends
- May pose the most challenge to work-life balance



Open Schedule

- Best for patients with urgent needs and for patient autonomy and flexibility
- May be challenging to manage overlaps and conflicts between in-person and virtual appointments

https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf

1 BEFORE THE VISIT

Patient Engagement and Education:

- Identifying patients likely to succeed
- Educating patients on the offering
- Setting expectations for use
- Educating on proper appointment standards

Scheduling Protocols:

- Identifying appropriate clinical use cases
- Determining when/how telehealth visits will fit into the schedule
- Updating the EHR scheduler
- Identifying triage questions for scheduling appointments
- Ensuring clinicians are only providing care in states where they are licensed
- Ensuring telehealth is covered in clinicians' liability insurance

2 DURING THE VISIT

- Handling patient intake, "rooming" patients
- Supporting patient and clinician troubleshooting
- Setting up the exam room
- Communicating with patients

3 AFTER THE VISIT

- Knowing codes available for telehealth
- Integrating CPT® codes and appropriate modifiers into the EHR
- Sharing visit summary and follow up care

<https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf>



SOUTH CAROLINA
Telehealth
ALLIANCE



Mid-Atlantic
Telehealth
Resource Center



**SCHOOL-BASED
HEALTH ALLIANCE**
The National Voice for School-Based Health Care

School-Based Telehealth:

MUSC School-Based Health Program

MUSC Center for Telehealth

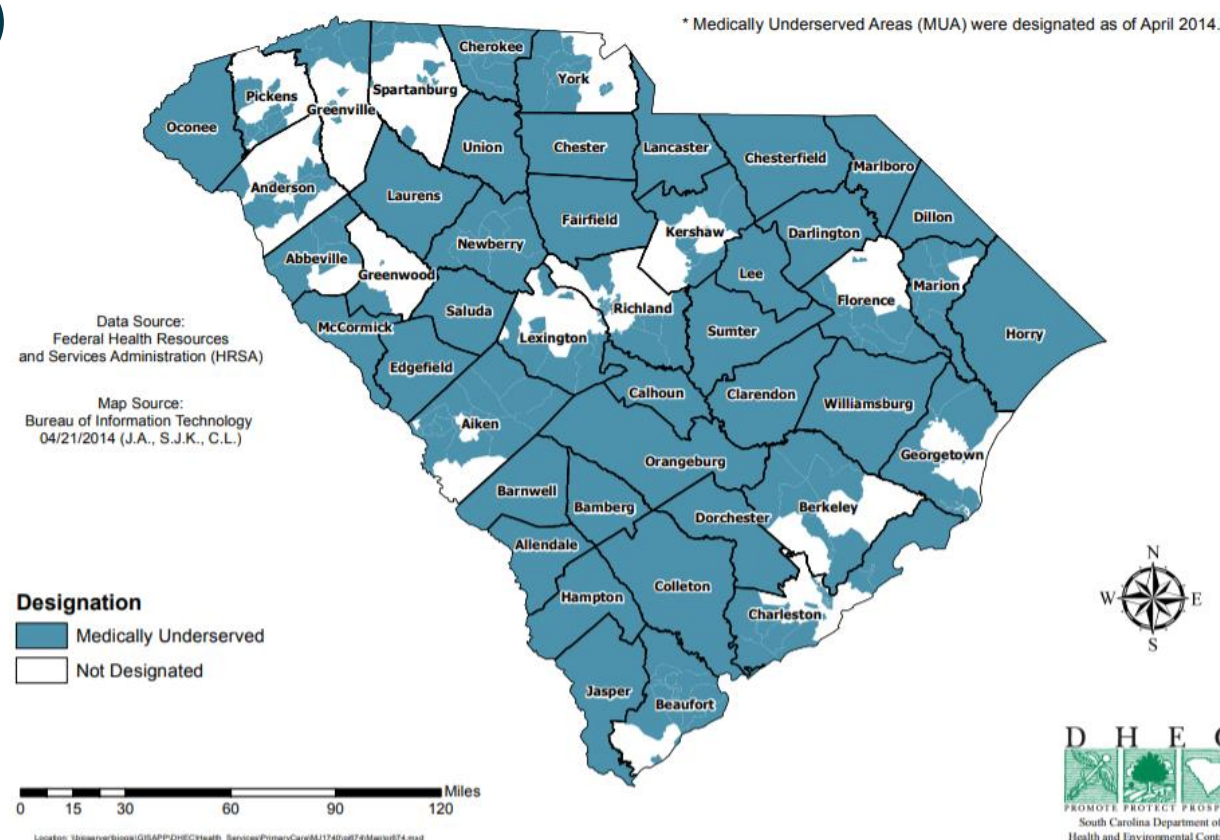


- MUSC has over a decade of experience with telehealth initiatives
- In 2013, the SC Legislature funded MUSC to:
 - Create a statewide telehealth network – SC Telehealth Alliance
 - Expand telehealth initiatives throughout SC
- MUSC Center for Telehealth was established to assist with:
 - Telehealth strategic planning
 - Contracting and legal issues
 - Credentialing
 - Equipment procurement and training
 - Compliance and billing issues
 - Workflow creation
 - External site relations
- **HRSA designated MUSC a national Telehealth Center of Excellence in 2017**

The Need: Disparities in South Carolina

- 25% of children live in poor families (National 19%)
- 36 out of 46 counties are rural or have portions that are rural
- Majority of the state is designated as a Health Professional Shortage Area or is medically underserved
- 7 counties have no hospital
- Only 73 Active Patient Care PCPs per 100,000 (Rank of 39)
- 11 counties have no OBGYN

Medically Underserved Areas in South Carolina*



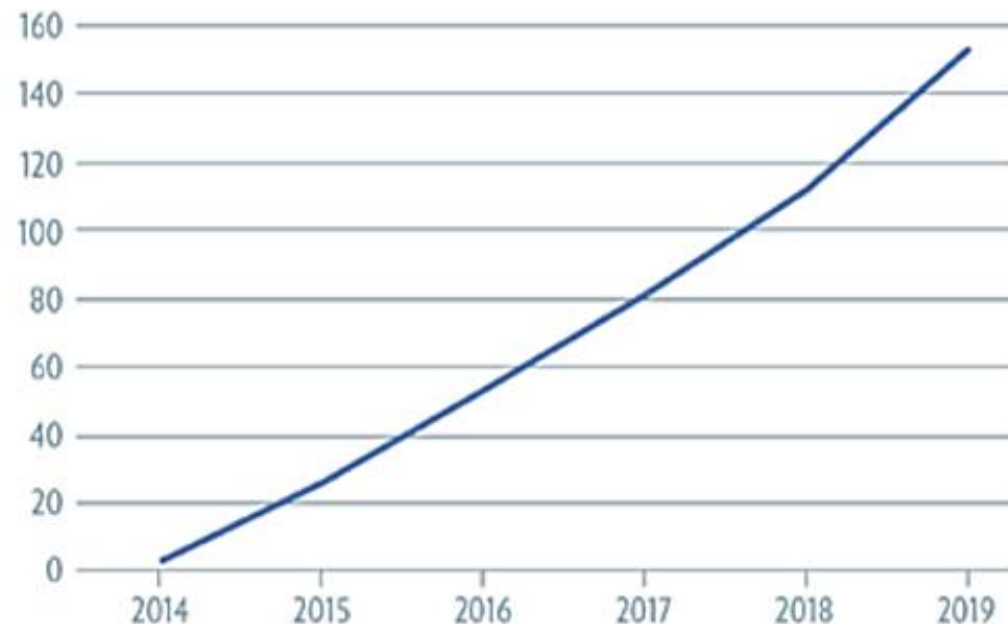
National Center for Children in Poverty. South Carolina Demographics of Poor Children. (November 19, 2018) Retrieved 12/3/18 from: http://www.nccp.org/profiles/SC_profile_7.html

Health Resources & Service Administration. List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties (2010). Retrieved 12/3/18 from: <https://www.hrsa.gov/sites/default/files/ruralhealth/resources/forhpeligibleareas.pdf>

Types of Care Provided Via School-Based Telehealth

- **Acute Care**
 - Sick visits for most low-acuity conditions
 - Over 85% of visits are able to be completed with telemedicine alone
- **Chronic disease management**
 - Asthma
 - ADHD
 - Specialty Mental Health Services (TF-CBT)

Number of South Carolina schools with telehealth capability*



*Services vary by county to include acute care, chronic disease management, mental health, group health education, and individual education plan consultation.



MUSC School-Based Health Program Models

Delivery Model: Program Operates All Three Models

- **Telehealth Exclusive**
 - Majority of schools across the state
- **Telehealth Network + Rotating Onsite Services**
 - Telehealth layered on select SBHCs in Charleston
 - Extends availability of providers when not onsite
- **Comprehensive SBHC + Telehealth**
 - Provider onsite and provides services to schools across the state
- **Direct-to-Student Delivery**
 - Connect to student at home



Staffing Model: MUSC School-Based Team

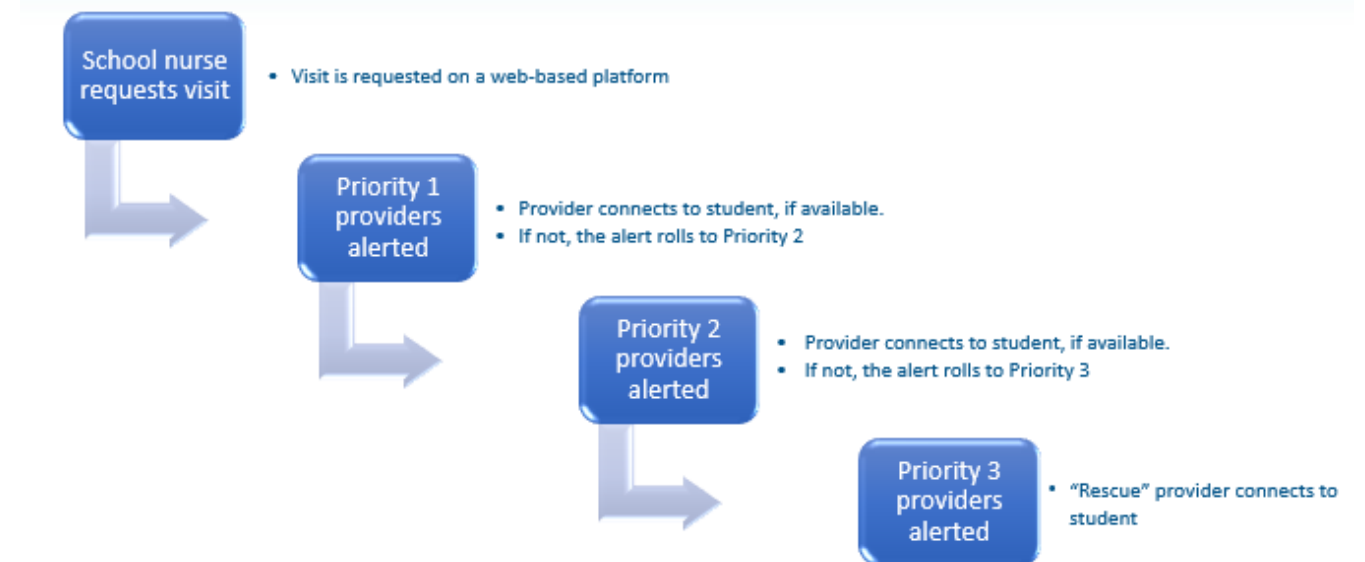
- **School-Based Health Providers**
 - Provide care to students at brick-and-mortar SBHCs
 - Deliver telehealth services to students across the state
- **Telepresenters**
 - School nurses
 - Telepresent acute visits
- **MUSC Telepresenters**
 - Background: RN, LPN, MA
 - Telepresent chronic visits
 - Build relationships with school nurses



Delivery Model: On-Demand & Scheduled Visits

- **On Demand**
 - Acute visits
- **Scheduled**
 - MUSC School-Based Telepresenters present chronic visits
 - Asthma
 - ADHD

On-Demand Workflow



Outreach & Marketing

- **Consent Forms**
 - Offered the same way school registers students
 - Electronic
 - DocuSign link
 - Embedded within PowerSchool
- **Back-to-school events**
- **Press conferences**
- **Ambassador Board/Advisory Council**

SCHOOL-BASED TELEHEALTH

Kids shouldn't have to miss school.

You shouldn't have to miss work.

Complete the enrollment forms today!
Use QR code or visit sctelehealth.org/schools to enroll your student today!
When asked, please enter parent/guardian first and last name.
If you do not have an email address, please use schoolbased@sctelehealth.org.

All non-iPhone users, please download a QR code scanner app.

Learn more at sctelehealth.org/schools
or call 843-792-5522.

SOUTH CAROLINA
Telehealth
ALLIANCE

Sustainability and Reimbursement

- **Sustainability: Diversity of funding**
 - State-allocated funds/grants
 - Community partnerships
 - Reimbursement
- **Reimbursement**
 - Varies by state
 - Changes to telehealth reimbursement since COVID-19
 - Prior to COVID-19:
 - Medicaid covers the visits (delivered by physician, nurse practitioner, physician assistant)
 - Schools are eligible to bill a Medicaid facility fee (state specific)
 - Private insurance coverage varies

Partnerships

- **Local Providers**
 - Collaborate in two ways:
 - 1) Set-up local providers to deliver care
 - MUSC serves as back up
 - 2) MUSC providers always send a note to student's PCP
- **Community Partners**
 - Local non-profit organization
 - Local education organization



Implementation & Coordination with School

Strategy

- Initial discussions with district leadership (superintendent, nurse leadership)
 - Presentation to school board
- Program overview to school nursing team
- Execute agreements with district

Design

- Collaborate with school district IT team to complete IT assessment
- Develop marketing plan

Implementation

- Train school nurses
- Implement marketing plan

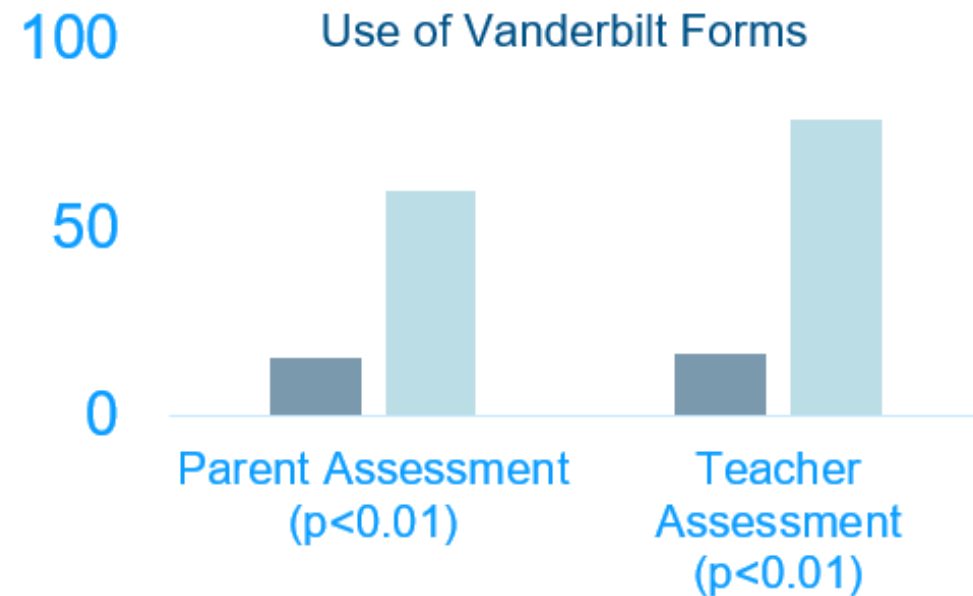
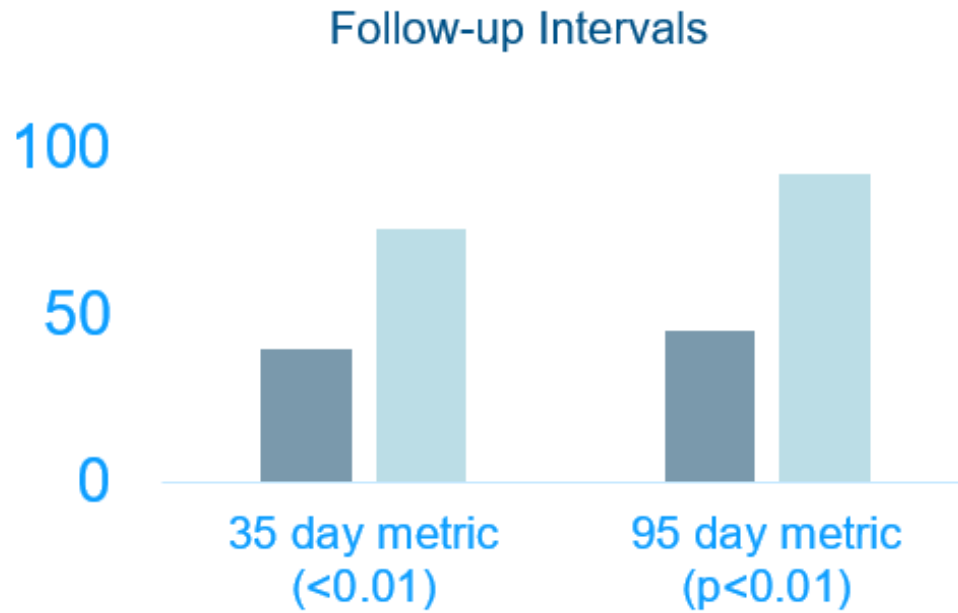
Operation

- Offer mock calls
- School engagement
- Participate in wellness committees

MUSC School-Based Telehealth: Program Evaluation

Improving Care through Telehealth

Improved ADHD quality metrics



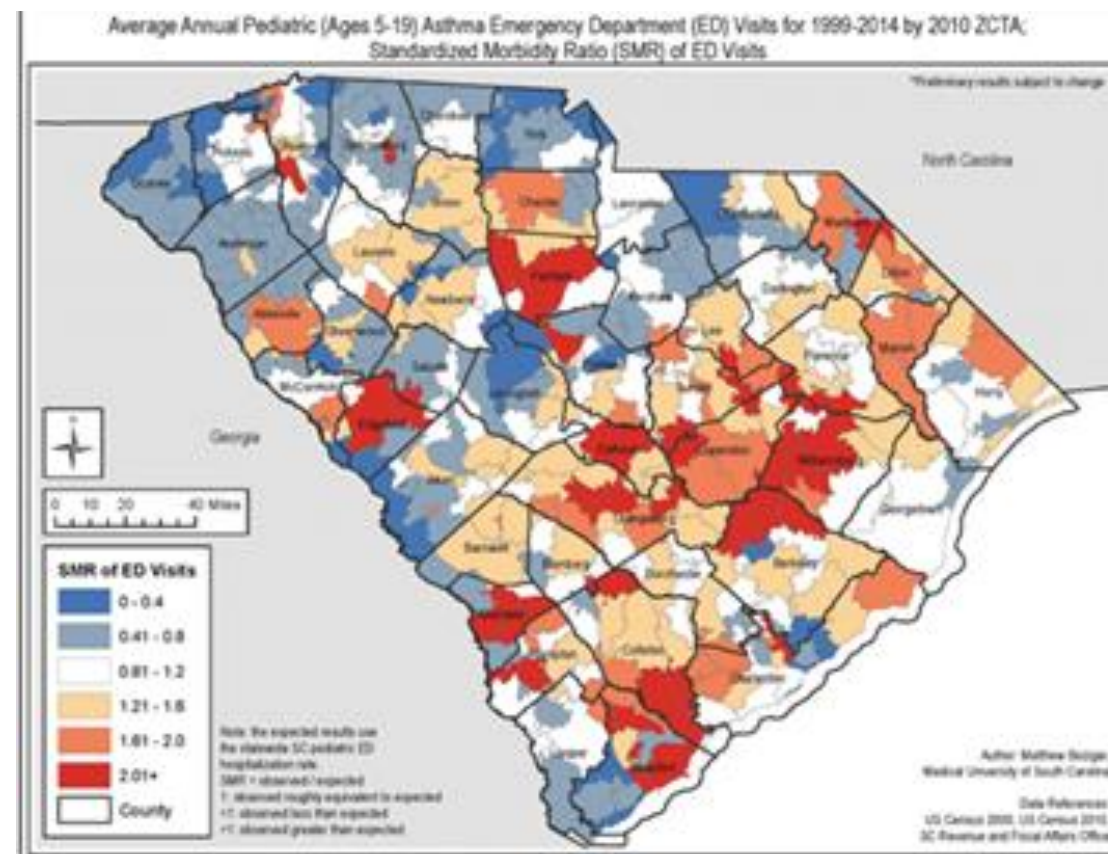
■ In-person ■ School-based telehealth



Reduced ED Visits Among Children with Asthma

Objective: To evaluate the association between a school-based telehealth program and emergency department visit rate, among children < 18, enrolled in SC Medicaid and diagnosed with asthma.

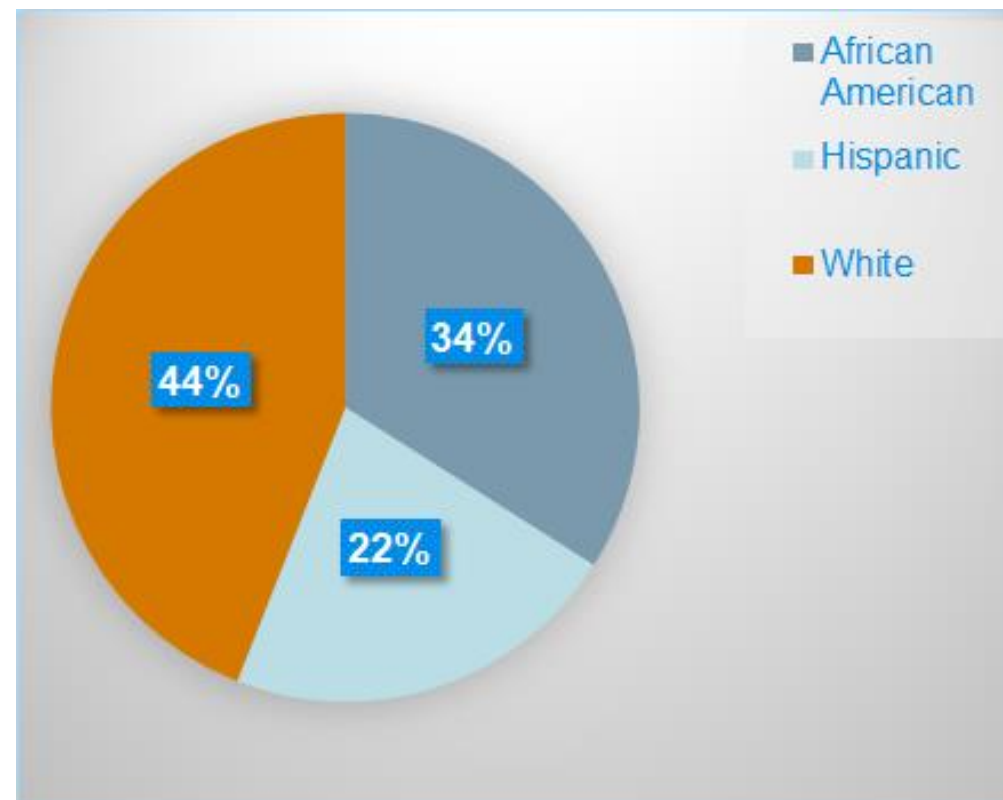
Finding: School-based, asthma-focused telehealth program in SC associated with 21% reduction in likelihood of ED visits among Medicaid enrollees



Providing Access to Mental Health Services

Mental Health

- Trauma Focused Cognitive Behavioral Therapy
- Over 900 visits with over 150 patients in 6 counties in first 2.5 years
- 78% youth of color



Improving Mental Health Outcomes through Telehealth

Mental Health

- For students seen for individual therapy 97% treatment completion rates
- 100% demonstrated improvement in symptoms
- 100% no longer met criteria for PTSD or adjustment disorder at end of treatment



Caregiver Perceptions of School Based Telehealth

- 90% insured through SC Medicaid
- 25% would lose pay if they have to take time from work
- 54% of caregivers thought their child was less stressed
- 90% of caregivers found themselves less stressed
- 93% feel that telehealth allowed more timely access to care



Student Perceptions of School-Based Telehealth





Best Practices

Challenges and Lessons Learned

Challenge	Lessons Learned	Solution
Quickly identifying provider that is available for a visit	Limit use of phone calls to coordinate visit	Workflow that supports providers receiving alerts directly
Providers from multiple organizations serving a single school district efficiently	Limit the school nurse needing to contact multiple provider groups to coordinate visit	Tiered provider call pool
Limit missed class time for students	Visit to take place as quickly as possible after the nurse requests visit to limit the student going back and forth between class and nurse's office	On-demand model

School-Based Telehealth Operations Best Practices

Identified Challenge	Best Practice
Gaining trust in new communities	Ambassador Board/Advisory Council Support and participation from local providers
Electronic health records	Modified to reflect telehealth visit Identify school locations to facilitate tracking and reimbursement
School nurse adoption	Strong training program which includes mock visits Provide ongoing support such as educational opportunities Optimized efficiency for the school nurse Strategic use of telepresenter
Consent forms	Include Consent to Treat, HIPAA, & FERPA Valid the entire time student is enrolled in district Offer electronic consents to reduce cost of printing; increase security of forms Integrate consent forms into student registration process
Securely transferring documents between provider & school	Leverage secure platform to share documents that contain PHI (nurse referral form, consent forms)

Thank You!



School-Based Health Alliance
www.sbh4all.org

Mid-Atlantic Telehealth Resource Center
www.matrc.org

MUSC Center for Telehealth
www.muschealth.org/medical-services/telehealth