

SCHOOL-BASED TELEHEALTH:

An Innovative Approach to Meet the Health Care Needs of California's Children

Executive Summary

INTRODUCTION

It is well documented that healthy children perform better in school and that schools can play an important role in promoting the health of children. The vast majority of California's 10 million children attend one of the state's nearly 10,000 schools, making schools singularly well-positioned to help fill the gaps in health care that so many of our children face. As schools transform the learning environment through the advent and adoption of broadband and other technologies in schools, new opportunities for schools are opening up to help meet the health care needs of children.

Telehealth—the use of Information and Communications Technology to provide health care at a distance—is emerging as a valuable tool to complement and expand the capacity of schools to meet the health care needs of children, particularly those who are low-income and living in medically underserved areas. Not only can telehealth help keep children healthier, but it can help keep them in school, as appropriate, and their parents at work.

Through technology—such as video conferencing, electronic otoscopes and stethoscopes, specialized cameras, and unique software and Web applications—telehealth in schools is increasing access to acute and specialty care for children and helping children and families manage chronic conditions. It is also facilitating health education for children, families, and school personnel; and increasing the capacity of school nurses and school-based health centers to meet the health care needs of students.

The Children's Partnership developed the Issue Brief, *School-Based Telehealth: An Innovative Approach to Meet the Health Care Needs of California's Children* (available at <http://www.childrenspartnership.org/Report/SchoolTelehealth>) to serve as a blueprint for action to help state and community leaders in California make real the promise of school-based telehealth to improve health outcomes for children.

Through profiles of 18 school-based telehealth programs from across the country, the brief: (1) outlines the benefits of school-based telehealth for children, families, and communities; and (2) highlights the lessons learned from these programs in order to assist in extending this innovation to more communities.

SCHOOL-BASED TELEHEALTH IN CALIFORNIA

Though communities in other states got an earlier start in this fairly new arena, stakeholders across California have begun to take keen interest in school-based telehealth. For example:

- The Asthma Telemedicine Program, a two-year pilot project that ended in 2005, connected students with asthma in three San Francisco elementary schools with asthma experts at San Francisco General Hospital via video conferencing in order to help these students better manage their symptoms.
- Between 2007 and 2008, Childrens Hospital Los Angeles partnered with three school districts in rural Tulare County to meet the oral health care needs of underserved migrant children through the use of technology.
- Schools in Del Norte and Lake counties are using technology to connect to health care providers at Open Door Community Health Centers in Humboldt and Del Norte counties.

EXAMPLES OF HOW TELEHEALTH IS BEING USED IN SCHOOLS

Increased Access to Acute Care: By connecting schools to health care providers, telehealth enables the distant health care provider to assess and diagnose a child's acute condition, provide recommendations for treatment, and write a prescription for the parent to pick up at the pharmacy of their choice. The child can stay in school for the rest of the day, if appropriate, and the parents can stay at work—benefiting children, family economics, and employers.

Improved Management of Chronic Diseases: Connecting children to providers on a regular basis can help children and families manage children's chronic conditions. A school-based telehealth program connects diabetes specialists in Syracuse, New York to diabetic children with diabetes and school nurses at schools in New York state. The school nurse and student—with or without a parent—meet remotely with the specialist on a monthly basis to discuss the child's diabetes, review test results, and adjust treatment plans, as necessary.

Improved Access to Behavioral and Mental Health Care: Telehealth is helping school children access needed behavioral health and mental health care to which they previously didn't have access. The Prince George's School

Mental Health Initiative, run by the Center for School Mental Health at the University of Maryland School of Medicine, uses telehealth to connect students from schools in Prince George's County to a psychiatrist at the University—about an hour's drive from Prince George's County.

Improved Health Education of Students: Telehealth can bring educational resources from a variety of sources, such as universities, to schools that may not otherwise have access. The University of Virginia broadcasts a monthly health education program to a school in Craig County, which is on the other side of the state.

FINANCING SCHOOL-BASED TELEHEALTH

As with many innovations, sustainable funding streams have not yet been established for school-based telehealth. However, some programs are succeeding at identifying new and potentially sustainable sources of revenue.

For example, many schools already have broadband connections and use computers, video conferencing, and other technologies to improve learning. Maximizing the use of these technologies is a cost-effective way to meet students' health care needs.

Another strategy to achieve sustainability is for school-based telehealth programs to persuade the education system that their programs can help the school districts do their job, and even save the system money, by improving the health of their children.

Other programs are maximizing reimbursement by Medicaid and the Children's Health Insurance Program by advocating for policy changes to ensure their states reimburse for telehealth services, creating volume of reimbursable visits, and conducting health insurance outreach.

KEY LESSONS FROM SCHOOL-BASED TELEHEALTH PROGRAMS

- Engaging parents is critical.
- Conducting a needs assessment and gaining community buy-in are key first steps.
- Making sure the program fills a health care gap, and doesn't duplicate services, is the best use of resources.
- Ensuring schools have resources is required.
- Engaging school nurses in planning and implementation is invaluable.
- Promoting continuity of care, and, when possible, connecting to local providers is the best way to promote a medical home for children.
- Ensuring technology is suitable and reliable is key.
- Investing in evaluation will help identify best practices and lessons learned.

HOW TO REACH MORE OF CALIFORNIA'S CHILDREN WITH THE BENEFITS OF SCHOOL-BASED TELEHEALTH

Today, there is unprecedented interest in and funding for modernizing and strengthening the delivery of health care through wise use of information technology. California and its communities can take advantage of this momentum around the application of telehealth in schools to improve the health of children, families, and communities.

1. **Build the evidence base.** While California has begun to explore school-based telehealth as a tool to improve the health of children, the State lacks a robust evidence base for such models.
2. **Incorporate school-based telehealth into California's efforts to transform its health care system through information technology.** California should ensure that the State's plans around health information technology dedicate telehealth-related funds to school-based telehealth.
3. **Take the next step to make the Governor's commitment to school-based health centers a reality.** Governor Schwarzenegger has committed to expanding the number and capacity of school-based health centers across California. The State should utilize telehealth as one means to meet this goal.
4. **Strengthen Medi-Cal policies to adequately reimburse for telehealth services.** While California's reimbursement policy for telehealth services is forward-looking compared to many states, Medi-Cal policy should be improved. For information on how to strengthen Medi-Cal telehealth reimbursement policies, visit <http://www.childrenspartnership.org/Report/Telemedicine>.
5. **Demonstrate Measurable Results.** California should lay out a vision for moving from its current level of telehealth capacity in schools to where it intends to be two years and five years from now, and engage stakeholders in implementing that vision.

FOR MORE INFORMATION

- See *School-Based Telehealth: An Innovative Approach to Meet the Health Care Needs of California's Children* (<http://www.childrenspartnership.org/Report/SchoolTelehealth>)
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