School-Based Telehealth Program Start-Up and Operations

November 3, 2021
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.
PRESENTERS

Kathryn King, MD, MHS
Associate Executive Medical Director, Center for Telehealth, MUSC
Medical Director, School-Based Health

Seleena E. Moore, MPH
Senior Program Manager, School-Based Health Alliance

Elana Wells, MPH
Telehealth Manager of Grant Initiatives, Center for Telehealth, MUSC

Kathy Wibberly, PhD
Director, Mid-Atlantic Telehealth Resource Center
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.

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

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


The Workflow Helps You to Establish Your Technology Requirements
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

---


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.*
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
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**
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

Follow-up Intervals

- 35 day metric (<0.01)
- 95 day metric (p<0.01)

Use of Vanderbilt Forms

- Parent Assessment (p<0.01)
- Teacher Assessment (p<0.01)

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

https://doi.org/10.14485/HBPR.6.4.3
Student Perceptions of School-Based Telehealth
Best Practices
# Challenges and Lessons Learned

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Lessons Learned</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quickly identifying provider that is available for a visit</td>
<td>Limit use of phone calls to coordinate visit</td>
<td>Workflow that supports providers receiving alerts directly</td>
</tr>
<tr>
<td>Providers from multiple organizations serving a single school district efficiently</td>
<td>Limit the school nurse needing to contact multiple provider groups to coordinate visit</td>
<td>Tiered provider call pool</td>
</tr>
<tr>
<td>Limit missed class time for students</td>
<td>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</td>
<td>On-demand model</td>
</tr>
</tbody>
</table>

## School-Based Telehealth Operations Best Practices

<table>
<thead>
<tr>
<th>Identified Challenge</th>
<th>Best Practice</th>
</tr>
</thead>
</table>
| 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