Telehealth in Schools & School-Based Health Centers

A Sound Investment in Student Health

Schools play a critical role in the social, intellectual, physical, and psychological development of children and adolescents. Providing health services in school settings is a sound investment to ensure that students are prepared to learn, develop, and thrive. However, in a 2018 RAND survey, only 11% of school principals in California reported that primary health care services were provided at their schools.

Well beyond their legal obligations, schools and their partners are increasingly making strategic investments in providing resources to students to enhance their health and well-being and promote their social and emotional development so they can succeed in the classroom. For more than 50 years, school-based health centers (SBHCs) have been one such strategic investment—a model based on placing comprehensive health care services on school campuses, making care accessible and convenient to students where they spend a significant portion of their day.

With the COVID-19 pandemic, many schools and SBHCs transitioned to telehealth services as a strategy for meeting student health needs when school campuses were closed. With improved technology, internet access, and a recognition of the importance of school-based health, telehealth has emerged as an opportunity to serve students more widely and equitably. Telehealth options for schools come in varying forms, with some key models described below. Each option presents unique opportunities depending on the school's population, health care needs, capacity, and financial resources. School telehealth can also be of great value in providing youth-friendly services for children and adolescents who have interacted with technology their entire lives.

According to the national School-Based Health Alliance, only 20% of SBHCs used telehealth in 2016-2017; that figure rose to 89% during the 2020-2021 school year. It is expected that more SBHCs will use telehealth going forward, even post-pandemic, as the integration of technology in health care continues to improve and become ubiquitous.

What Is Telehealth?

Telehealth is the use of telecommunication technologies to provide patient care by delivering clinical services remotely and from a separate location than the patient. Telehealth can provide timelier and improved access to care by allowing patients to receive care from remote providers. It is a logical way to increase the capacity to address the unmet health care needs of many people, and was an especially critical lifeline for many during the COVID pandemic. Although telehealth has historically been primarily used to increase access to specialty care in underserved regions, it can also be used to provide a range of primary and behavioral health services, including care for minor illnesses (e.g., pink eye, rash), primary preventive care (e.g., well child visits), chronic disease management (e.g., asthma), and mental health counseling/support. It is considered a cost-effective alternative to health care that is provided in-

person, especially for rural and underserved areas. The term telehealth encompasses the following modalities:

- **Synchronous**: This includes real-time telephone or live audio-video interaction typically with a patient using a smartphone, tablet, or computer.
- **Asynchronous**: This includes "store and forward" technology where messages, images, or data are collected at one point in time and interpreted or responded to later. Patient portals can facilitate this type of communication between provider and patient through secure messaging.
- **Remote patient monitoring**: This allows direct transmission of a patient's clinical measurements from a distance (may or may not be in real time) to their healthcare provider.

This document is focused on synchronous telehealth through audio only and audio-video interactions.

Telehealth in Schools

In order to provide telehealth services to students at school, a few basic ingredients are needed:

Equipment
- equipment to facilitate the service (computer, camera, internet connection, telehealth platform, etc.)*
- other equipment/supplies (e.g., thermometer, otoscope) that the student or presenter can use to present relevant data to the provider*
- a confidential space where the student can be connected to a remote health care provider

Personnel
- a health care provider available through this connection to provide the services, including the ability to make referrals or schedule follow-up care if necessary, following all appropriate laws and regulations
- a coordinator for program management, billing, and scheduling, if possible
- a telehealth "presenter" who is physically available with the student and can, at minimum, link the student to the provider through the platform being utilized, or in other cases and with younger students remain throughout the visit and be involved in communicating symptoms, taking measurements, and directing future care. This can be a medical assistant, school nurse, clerk or in some cases a family member.

Systems
- a system for communicating with parents and families as appropriate
- a system for scheduling appointments, even if this is focused on walk-in or drop-in visits
- a policy for addressing consent, authorization, and information sharing
- information technology support, including a privacy and security system in place

As needed. Some services, such as mental health, may not require some of these components if audio-only telehealth is utilized.

Telehealth Options for Schools

Hub and Spoke Model

Hub and Spoke Model for School-Based Telehealth
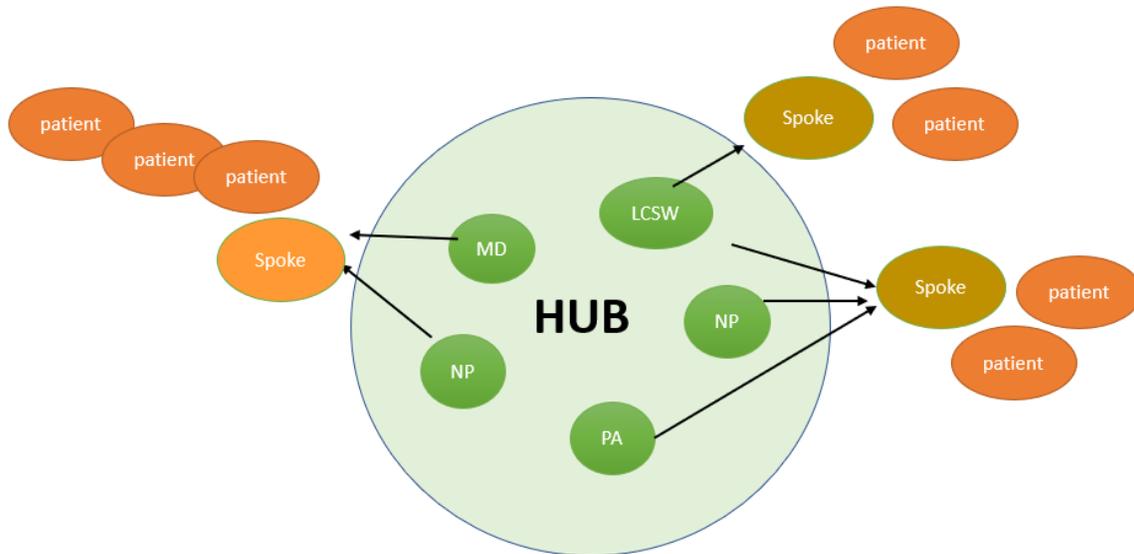
In this model, a school site, SBHC, or community-based site serves as a central location, or "hub," where clinical providers are located. Patients and presenting staff or providers, or "spokes," are located at other locations within the collaborating system or district to support students at those sites as they are connected, via telehealth, to the providers in the "hub." SBHCs can function as both "hubs" and "spokes" as described in the examples below.

Example 1: In Hawaii, one pediatrician located at an SBHC serves students at three other schools by having a well-trained medical assistant at the outlying school present student patients to her so that she can conduct a thorough physical exam by telehealth. This allows the physician to order vaccines and lab tests at that visit and the medical assistant to complete them. In this case, telehealth increases access for those schools and also increases the physician's efficiency by widening the number of students she can reach and generating additional reimbursement for her SBHC, which operates as the hub.

Example 2: In West Virginia, a telemental health program was able to increase access to psychiatric services for SBHC patients who did not have access, reducing the wait time for their initial appointments. In this scenario, they set up a receiving station and equip it with appropriate technology such as a camera, computer, and monitor. Another agency then provides mental health care remotely to students who are in the SBHC location and in partnership with the staff and providers there. This example illustrates an SBHC acting as a telehealth spoke to provide specialty care beyond the scope of the SBHC services.

Example 3: Denver Public Schools is piloting a full spoke model at a high school campus that includes well-child visits and some reproductive health. It is exploring whether this model increases student access to quality health care services; early results are promising and the district is also considering a full service SBHC. This example illustrates employing a school nurse or a health technician that supports the spoke end of an enhancement model.

SBHCs can also use telehealth to extend their services during breaks or when students are not in school. Many SBHCs provided telehealth services to students who were not in school during the COVID-19 public health emergency. A community health center in Oakland that operates eight SBHCs developed a phone triage line for youth in Oakland during the COVID pandemic when schools and SBHCs were closed and conducted hundreds of video, phone and text-based care for student patients.

As SBHCs re-opened in the fall of 2021, many transitioned to a "hybrid" model of care with some visits delivered in person and others provided via the now-established telehealth platform. This broadens options for students and allows them choice in managing their own health. It also allows SBHC providers to work from alternative locations as needed, and to reach students who might not be in school. Some SBHCs use telehealth to extend the traditional boundaries of health care, for example offering yoga classes and helping lead virtual college tours.

Partnering with Local Entities

Local partners can also be leveraged to support telehealth programs. Anthem Blue Cross, a managed care plan serving approximately 1.3 million members across 29 counties in California and framed as a "digital-first" company, is committed to expanding access to care and improving the health status of children and families. Together with other managed care organizations, Anthem formed a multi-payer collaborative approach to offer safety net clinics in the Central Valley no-cost access to e-consults to expand access to specialty care. These plans make e-consults accessible to federally qualified health centers (FQHCs), rural health centers, and Indian Health Centers at no cost. This includes the UCSF Child and Adolescent Psychiatry Portal through which SBHC and other providers can request psychiatry consultations and which includes free one-time virtual visits for SBHCs operated by FQHCs.

To expand the use and availability of telehealth with SBHCs, Anthem is also offering to safety net clinics and SBHCs a no-cost Virtual Case Kiosk Program, which includes a digital kiosk that comes on a rolling cart or stand with multiple video conference applications pre-configured on the iPad. The digital kiosk can be ideal for SBHCs without a telehealth solution or can be used to expand telehealth services to other local schools. The Virtual Care Kiosk program works with multiple video conference apps and includes on-demand interpreter services with over 200 languages, very minimal lag time, no cost for Anthem patients, and discounted costs for others.

Schools without SBHCs

Schools and school districts that do not have the benefit of SBHCs and want to offer telehealth services to students can select among established telehealth providers, partner with community-based health care providers, or create their own program.

There are a number of existing agencies that provide telehealth primary care services or other telehealth services. One of them, Hazel Health, specifically focuses on providing this care in school settings. One school district in Southern California contracts with Hazel Health to deliver physical health services via telehealth for students as part of its solution to address student health and wellness. Hazel Health provided the district with equipment such as a locked medication cart and iPad rolling cart and a series of trainings for health aides and school nurses to establish a protocol and workflow. They targeted students who experienced chronic absenteeism and students who needed additional care or coverage. The cost to the district is based on the total number of enrolled students and the district used its Local Control and Accountability Plan (LCAP) and Learning Communities for Student Success (LCSSP) grant funding to support its subscription. Utilization of this program has been lower than anticipated underscoring the importance/challenge of establishing trust and confidence with a purely telehealth provider. These arrangements are relatively simple for school districts because of their "plug-and-play" nature but may require the school district to cover the full costs of the program, as opposed to generating reimbursement through Medi-Cal or other sources.

Schools can work with local providers and partners to create their own telehealth programs. One outcome of the COVID pandemic is that many more community-based health providers (i.e. community health centers, mental health agencies) have new capacity and expertise in delivering telehealth services. Partnering with these organizations to create telehealth arrangements can be a fruitful strategy for school districts without SBHCs.

These arrangements are relatively simple for school districts because of their "plug-and-play" nature but can cost districts significantly more than a similar community-based service because they are unable to recoup many costs through Medi-Cal, CHIP, or other insurance reimbursement. They also lack natural connections to the local health care safety net and do not typically provide well care or sexual and reproductive health services. **This is a good option for school districts with a low concentration of students who are eligible for free or reduced price meals and for primary school grades. The dedicated help for start-up is positive but may leave school districts with a large price tag.**

As above, schools can work with local providers and partners to create their own telehealth program but this can be complicated and time-consuming. It is probably best achieved through close partnerships with local health care providers that know the requirements, limitations, legal and financial terrain. If a school does not have an SBHC and is interested in starting a telehealth program, we recommend they reach out to their local community health center. CSHA is available to help schools identify and connect them to potential community-based partners.

And of course CSHA encourages all schools - especially schools with more than 500 students and a high concentration of those eligible for free and reduced price meals to consider starting an SBHC on their

campus. SBHCs take advantage of in-person relationships to establish trust in a way that not only addresses the health care needs but helps connect students more firmly to school. SBHCs can also help schools create a positive caring school climate. The schools most likely to find value and have the capacity to house brick-and-mortar SBHCs are large schools with a high proportion of students who are eligible for free and reduced price meals (i.e., Title I schools), since SBHCs are able to generate reimbursement from services delivered to students enrolled in the Medi-Cal program. Please reach out to info@schoolhealthcenters.org for advice on starting an SBHC.

Suggested Questions for Principals/Superintendents to Explore with Potential Telehealth Companies

- Are your providers local to our community?
- Do they facilitate ongoing care and referrals?
- Do they connect students back to their health home?
- Do you provide behavioral health?
- Do you provide sexual and reproductive health to adolescents?

Benefits for Students

Telehealth has the potential to increase access to primary, specialty and mental health care for students, particularly marginalized youth that might otherwise go without access to care due to various socioeconomic factors. Transportation barriers are reduced for youth, parents, and guardians. Older adolescents can use telehealth to access sensitive and confidential care independently. Students and families whose primary language is not English may also be able to access more culturally and linguistically appropriate care through telehealth options. Telehealth can also provide access to types of providers and specialists that may not be available in the immediate community.

Studies and Provider Organizations Support Telehealth in Schools

A recent study analyzing one of the largest school-based telehealth programs in the nation, based in Texas, found that such programs have the potential to reach a large pediatric population that need health care due to lapses in services because of the COVID-19 pandemic. In this analysis, asthma and other respiratory disease was the primary diagnosis, demonstrating that telehealth is a good option for management of chronic conditions. Furthermore, the American Academy of Pediatrics has endorsed the use of school-based telemedicine for chronic childhood disease and for those that live in rural and underserved areas. The National Association of School Nurses also supports the use of telehealth technology to augment school health services, but not replace in-person health provided by the school nurse. Other studies have demonstrated that students with access to care through telehealth at school show improved health and education outcomes.

Overall, plan to use telehealth more after the COVID pandemic. And a 2021 report commissioned by Common Sense, Hopelab and the California Health Care Foundation on how young people use digital media to manage their mental health found that social media and online tools were a lifeline that many young people needed to get through the pandemic. Nearly half (47%) of those surveyed reported that they had connected with healthcare providers online using digital tools, including more than one in four (27%) engaging in a video appointment with a provider. The report also revealed that 65% of adolescents ages 14-17 used health-related mobile apps and 85% searched for health information online. This report demonstrates that young people are open to—and already using—telehealth to meet their health needs. Schools can meet teens where they are at with the provision of telehealth services.

Recommendations for School Telehealth

The California School Based Health Alliance (CSHA) aims to improve the health and academic success of children and youth by advancing health services in schools. We believe that comprehensive, onsite SBHCs are the ideal practice model to deliver high-quality accessible youth-centric services that emphasize prevention with a minimum of barriers. We also recognize that most schools do not have SBHCs and there are many barriers to starting new SBHCs.

The goal of telehealth is also to increase access to health care by reducing barriers. **CSHA therefore endorses telehealth services that are age-appropriate, affordable, culturally relevant, cost-effective, and follow sound clinical guidelines.** We recommend that telehealth services be provided by clinicians that are knowledgeable about community resources and local health needs/assets, with the ability to facilitate ongoing care and referrals. Telehealth providers should connect students to health homes if they have them, share their health records with primary care providers of record, or screen and refer students to other local providers. They should also engage families when appropriate.

Telehealth is here to stay. It may not be the ideal way to first engage young people from marginalized communities with prevention and primary care, but at minimum it can be a good way to extend school-based and other health care resources to more underserved populations in more contexts. The technology and the willingness of children, youth and families should be leveraged in ways that promote high quality care and extend the health care safety net so that children can be healthy and learn.

Additional Resources to Explore

- Kaiser COVID-19 Social Health Playbook
- School-Based Health Alliance telehealth resources
- California Association of School Psychologists' Technology Checklist for School Telehealth Services
- Anthem Blue Cross's telehealth digital kiosks: contact CATelehealthPrograms@anthem.com (while supplies last)

About the California School-Based Health Alliance

The California School-Based Health Alliance (CSHA) is the statewide nonprofit organization helping to put more sustainable health care services in schools to improve the health and academic success of children and youth while reducing health and education disparities. CSHA:

- **H**elps schools and communities start SBHCs
- **E**nsures high-quality SBHCs through education and training
- **A**dvocates for public policies to support SBHCs
- **R**aises the visibility of SBHCs so they are valued by the public
- **S**upports youth engagement and healthy youth development

Learn more about our work and find additional resources for school-based health on our website: https://www.schoolhealthcenters.org.

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