Expanding School-Based Health Services with Telehealth
Welcome

Healthy Students, Promising Futures
Learning Collaborative
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Agenda

• Introductions
• Telehealth in the School Setting
• Advancing the Adoption of Telehealth in Child Care Centers & Schools to Promote Children’s Health and Well Being
• Q&A and Wrap-Up
TELEHEALTH IN THE SCHOOL SETTING

Steve North, MD, MPH
Medical Director, Center for Rural Health Innovation
7 years
4 counties
55 schools
1500 sq. miles
4.5 FTE admin
1.0 FTE FNP
0.1 FTE MD
**TELEHEALTH TERMS**

**Distant Site** (aka Hub Site)

*Provider is here*
- Clinic
- Office
- School
- Hospital
- Bunker

**Originating Site** (aka Spoke Site)

*Patient is here*
- Clinic
- School
- Youth Center
- Home
- Hospital / ED
SPOKE SITES

- Clinical Station
  - Camera
  - Monitor
  - Stethoscope
  - Otoscope
  - Exam camera
  - Specialized equipment
MULTIPLE MODELS OF TELEHEALTH IN SCHOOL-BASED HEALTH CENTERS
ADDING SERVICES

Telehealth in School-Based Health Centers
Hospitalized 2013 at age 11
BMI >99\textsuperscript{th} percentile
One follow-up visit

Age 13: Reconnects at school
BMI ~ 95\textsuperscript{th} percentile
More engaged
EXPANDING REACH
One provider rotates between sites
Nurses or telehealth presenters at other sites connect the students
Allows for comprehensive physicals
ENTIRELY VIRTUAL
MEDICAL UNIVERSITY OF SOUTH CAROLINA
SPORTS MEDICINE AND CONCUSSION

CINCINNATI, OH
DELAWARE
MISSISSIPPI
OCCUPATIONAL THERAPY

VIRTUAL SCHOOLS

I think it would be less stressful and work better.

Free time after work.
EVOLUTION OF TELEHEALTH IN SCHOOLS
HEALTHIER STUDENTS THROUGH VIRTUAL CARE
It is no longer “Tele – X, Y or Z”, it is just the way that we deliver care to our students!
INTEGRATED BEHAVIORAL HEALTH

Concern from teacher → Evaluation → Therapy → Medications → Ongoing support
Advancing the Adoption of Telehealth in Child Care Centers and Schools to Promote Children’s Health and Well Being

Cheryl Austein Casnoff, MPH

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Introduction – School telehealth

- Successful school and child care-based telehealth programs are emerging as strong models to address the physical and behavioral health needs of children.
- School telehealth helps connect students and school staff and child care participants and providers to pediatric providers.
- Using telehealth, children can receive care from remote providers without leaving school or child care.
- Telehealth can also help parents so they don’t need to leave work or face other barriers like transportation.
What is telehealth?

- While different terms are used to describe telehealth, the American Academy of Pediatrics (AAP) uses the term, “telepractice” to mean:
  - establishing links between doctors and their patients who may be located in a child care center, preschool, school, home, or juvenile detention facility.
- Telepractice does not replace in-person care – it enhances care.
- Advantages of telepractice include enhanced medical homes; reduced health care costs; fewer school absences; less money spent on travel; less time away from employment for parents; and reduced ED visits.

Can Telehealth Make a Difference?

- Telehealth can be useful for low-income children and their families by providing access to previously inaccessible health and mental health care providers and specialists.
- When used in the context of a medical home, benefits include:
  - Expansion of health and mental health services as part of enhanced safety net capacity;
  - Enhanced capacity to respond to comprehensive needs of children with chronic and complex health conditions;
  - Timely access to urgent/emergent care and specialists;
  - Potential savings from telehealth efficiencies;
  - Strengthened linkages between community-based providers and other institutions; and
  - Enhanced provider education and support for rural providers.

Telehealth services for children

- Often target certain key populations and conditions.
- May include primary care, specialty care, chronic disease management, hearing and speech services, mental health care, and oral health care.
- May be located in urban or rural child care centers, preschools, elementary schools, and high schools.
- Viewed as a tool to both complement as well as expand capacity to meet children’s health care needs.
Evidence for School Based Telehealth

- Research regarding cost-effectiveness and best practices, including in school and child care settings, is still emerging.

- The majority of child-related telehealth studies are associated with positive impacts on children’s health including increased access to care and reduced ED visits.

- School-based telehealth can improve primary care access and chronic condition management.

- School and child care based telehealth programs have enhanced children’s health by providing them with the health care services they had not been previously receiving.

Evidence for School Based Telehealth

- Evidence shows that telehealth in schools can:
  - increase access to acute and specialty care for children;
  - help children and families manage chronic conditions;
  - facilitate health education for children, families, and school personnel; and
  - increase the capacity of school-based health centers to better meet the health care needs of children and youth.
Creating Buy-In From Stakeholders

**Stakeholders include**

- Teachers
- Parents
- Students
- PTAs
- School nurses
- School social workers
- School administrators
- Staff
- City councils
- Local healthcare providers
- Health departments
Factors that Influence Implementation and Adoption of Telehealth in Schools

- Barriers continue to limit widespread adoption of telehealth in schools, including technological, legal, administrative, and licensing barriers.
- For patients, barriers are often related to concerns over perceived threats to privacy and disruptive changes to existing relationships with providers.
- For providers, barriers include coverage, liability and licensing.
- Reimbursement tends to be the most common barrier to telehealth adoption.
Factors that Influence Implementation and Adoption of Telehealth in Schools

- Additional barriers to telehealth implementation may be related to provider, particularly school nurse, acceptance of the program.
- Community physicians may also be concerned that they will lose their patients or that services will not be coordinated with the child’s medical home.
- System barriers may include space allocation, startup costs, maintenance, technical expertise and equipment, internet speed and bandwidth capabilities, reimbursement, and buy-in from a broad range of stakeholders.
- Federal, state and local regulatory policies must be considered to facilitate the adoption of these models.
- Finally, the financial impact of a telehealth program must consider cost, return on investment, and sustainability.
Insurance Coverage and Payment

- The delivery of pediatric services via telehealth in schools and child care sites requires a sustainable financing structure.
- While payment for telehealth services varies across states, there are many common reimbursement and payment barriers that limit widespread adoption of telehealth in communities.
- Medicaid reimbursement policies are often cited as a barrier to implementation of telehealth for children.
“Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient) that states can choose to cover under Medicaid.”

CMS provides states the option to determine:

- whether (or not) to cover telemedicine;
- what types of telemedicine to cover;
- where in the state it can be covered;
- how it is provided/covered;
- what types of telemedicine practitioners/providers may be covered/reimbursed, as long as such practitioners/providers are ‘recognized’ and qualified according to Medicaid statute/regulation; and
- how much to reimburse for telemedicine services.

https://www.medicaid.gov/medicaid/benefits/telemed/index.html
Medicaid

- In 2017, the Center for Connected Health Policy (CCHP) reported that:
  - 48 states and Washington, DC provide reimbursement for some form of live video under Medicaid fee-for-service.
  - Live video technology allows a remote provider to see a patient via privacy-compliant live video software.
  - For instance, a specialist located at a hospital or academic medical center, could see and examine a patient at a local community clinic, or at the patient’s home.

Each state may impose certain limits or requirements that limit coverage.

State regulations may limit the type of site that can qualify as an originating site (where the patient is located) or distant site (where the provider is located), or may require that a provider must be present with the patient as a “telepresenter” at the originating site (i.e. the patient’s home).

Twenty-four states and the District of Columbia do not specify patient setting or patient location as a condition of payment.

Medicaid in Schools

- Even when state Medicaid policies allow reimbursement for telehealth, it does not ensure that telehealth services are covered in schools or child care settings.
- One key barrier to widespread adoption is the lack of consistent state Medicaid policies for school-based services including telehealth.
Private Insurance

- Laws impacting telehealth coverage by private or commercial insurers vary by state.
- A 2015 report from the National Conference of State Legislatures found that 32 states and DC have telehealth private payer laws.
- In addition, 23 states and DC have full parity laws that consider coverage and reimbursement for telehealth to be comparable to in-person services.
- Some states require coverage of telehealth for certain services, certain populations or all beneficiaries.
- Others define specific parameters for payment for telehealth.

School and child care-based telehealth programs provide an opportunity to leverage technology.

School based telehealth shows promising evidence in improving access to care and health outcomes for children.

Telehealth is also evolving as an important tool to help improve school performance and attendance and provide convenient options for working families who might otherwise sacrifice work and school time for health care visits or, worse, forego necessary care.
Thank You!

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