



School-Based Telehealth

Description

- Some school-based telehealth care is provided in a fixed site inside a school and sometimes the equipment is located on a portable cart designed to move to different locations within a school
- Medical providers provide care virtually over an electronic device
- The type of equipment required directly correlates to the type of care being provided (e.g. a specially designed stethoscope may be required for primary care whereas unnecessary for mental health therapy)
- Some school-based telehealth programs leverage telehealth provider companies to provide healthcare providers (could be located in another state, for example) and others leverage local healthcare providers
- In some situations, parents can participate from a third location (for example, call in from work to be a part of their child's appointment)
- A designated individual at the school typically serves as the facilitator of the telehealth services (identifies need, submits referral, obtains consent, schedules patient, sets patient/parent up at the time of the visit, closes appointment, sends visit documentation home with student and, if needed, facilitates follow up or possible linkage to in-person care)
- Care is typically coordinated with school nurse and sometimes the school nurse serves in the facilitator role
- Utilizes an electronic medical record
- Typically, consent forms include release of information clause to allow sharing of relevant info (e.g. school nurse and provider can discuss health needs of individual students)
- Courier services may be necessary if any medical tests are conducted by facilitator (e.g. COVID test)

Ideal

- Telehealth services are provided by local healthcare professionals to allow patients to seek in-person care, when needed, with the same provider treating them virtually
- School-based telehealth care is embedded in on-site school-based health center where providers can perform vitals for the virtual provider and can also be available to support follow up care such as labs or tests that need to be performed
- School nurse helps in the identification, referral and consent processes as well as serves as the visit facilitator. If the school nurse is not able, designating another individual to serve in this capacity will reduce confusion and increase utilization
- Dedicated spaces that offer privacy and sophisticated IT solutions provide the most reliable care (avoids frustration for patient and provider)

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Scope

- Tele-healthcare can be leveraged to provide access to a wide range of care including behavioral health, primary care, some dentistry, specialty care (e.g. dermatology, epilepsy). The scope and level of care is dependent upon equipment sophistication/availability, provider comfort and patient comfort
 - There will always be some instances in which an in-person visit is required. Therefore, telehealth services should be linked to a broader, local system of care for comprehensive services that also offers evening and weekend access to care
 - Accepts Medicaid and has financial assistance for those without insurance
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Supporting Rationale (Why pick this model?)

- Access to a specific type of care is not available in your region
 - Unable to identify a space large enough for an on-site clinic and/or a provider willing to provide on-site care
 - Student population is not large enough to sustain in-person care model
 - Data demonstrates specific healthcare gaps such as a need for psychiatry or therapy services
 - School Nurse endorses unmet needs:
 - Lacking follow through on school nurse referrals for follow up care
 - Students unable to attend medication management appointments (e.g. appointments to maintain medication for ADHD)
 - Students struggling with access for mental healthcare
 - Lacking collaboration with area providers
 - High rate of absenteeism
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Opportunities

- Can create access to healthcare experts for underserved regions that historically struggle to gain access to high quality, specialty care
- Do not require a lot of space and do not require significant renovations or new builds
- If managed appropriately, tele-healthcare can be efficient and therefore treat a high volume of patients (if the service is a high demand service)
- Can be leveraged to support provider to provider consultation and professional development/consultation for school nurses (though not billable)
- Telehealth can support integrated models of care (e.g. primary care collaborating with psychiatry to treat students with behavioral health needs)
- Can be leveraged in hybrid models of care (e.g. student needs to be seen by a provider monthly and every other month can facilitate the visit virtually)

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Challenges

- For profit telehealth equipment companies may sell unnecessary equipment to schools (healthcare providers that intend to use the equipment should be included in the evaluation and selection of equipment)
- Equipment and IT infrastructure to support telehealth can be expensive
- Internet connectivity can sometimes be a challenge in specific regions and in specific buildings (even after sophisticated IT infrastructure has been set up)
- Some patients and families are not comfortable with virtual care
- Some providers are not comfortable with virtual care
- There are many healthcare needs/issues that will always require in-person care
- Identifying local care providers to serve students via telehealth can be challenging, especially if they are also expected to provide in-person care in a clinic. It works best when specific providers are dedicated to the telehealth care and can therefore be somewhat flexible with their schedule in order to accommodate school schedule barriers
- Providers who work solely with for profit telehealth companies may be accommodating from a schedule perspective, but are not able to provide in-person care and may also not be able to provide continuity of care (different provider each time)
- If unable to outfit each building with sophisticated internet connection and equipment, will still need an inter-district transportation solution to transport students from other buildings to the building with telehealth capabilities
- Communication is critical to ensure all stakeholders and potential patients are aware of what care can and cannot be provided. If patients assume more care is available than actually is, they can become disenfranchised and may not find value in what is offered

Considerations

- While telehealth can be exciting and leveraged in many meaningful ways, be cautious of accidentally creating additional health inequities (i.e., access to care for specific populations is only available virtually while other groups have access to in-person care)
- Equipment must be kept secure. Identifying a safe, locked location is important
- Ensure services are linked to a broader system of care for necessary in-person and evening and weekend care
- Tele-healthcare sometimes seems like a simple solution to increase access. Before implementing, take time to assess need to ensure anticipated services will address the identified needs
- Develop plan for parent involvement and communication pre/post visits
- Consider co-branding
- Develop shared communication strategy
- Define school nurse interaction



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Additional Behavioral Health Specific Considerations

- Minimizes disruptions in patient care due to scheduled school closures, inclement weather days and school absences
- Services can be delivered/received from a variety of locations including home and other community settings
- Sometimes easier to meet the scheduling needs of caregivers, fostering increased family engagement and reducing barriers related to scheduling conflicts and transportation
- Can sometimes mitigate access issues by promoting timely access to care and increasing linkage rates (also minimizes delays with crisis response)
- Telehealth can also leverage online portals (e.g., MyChart) to foster communication and access between families and providers
- Evidence-based assessments (e.g., PSC-17) can be delivered and completed via MyChart to streamline data collection efforts
- Alternatively, some marginalized communities may struggle with reliable access to telehealth platforms

Telehealth and On-site Hybrid:

- BH clinicians are often assigned to multiple schools and must alternate days throughout the week to see their clients. Telehealth allows for clinician flexibility and could therefore be leveraged to respond to a student or staff member in need or experiencing a crisis at a school where the clinician is not physically present
- Coordination and collaboration with school staff is required for this to be most effective
- Tier 1 and some Tier 2 services are best facilitated in-person (e.g., school-wide interventions impacting culture and climate, classroom teacher/student support and consultation, group interventions) but adaptations can be made to allow for telehealth support. Telehealth is more effective in some Tier 2 and 3 interventions when the care is intended for a small group or individual



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