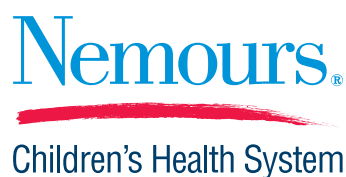




Roadmap for Action

Advancing the Adoption of Telehealth
in Child Care Centers and Schools to
Promote Children's Health and Well-Being

August 2018



Contents

Foreword

Section I: Setting Up For Success	2
I. Why Telehealth?	2
II. The Case for School and Child Care Telehealth Programs.....	2
A. Schools	2
B. Child Care Centers.....	7
III. Getting Started – An Overview	9
Section II: How-To Guide	11
I. Identify Partners, Create Stakeholder Buy-in, Develop Champions and Demonstrate Value Through Pilot Programs.....	11
II. Assess Needs and Develop Scope.....	16
III. Obtaining Equipment, Determining Workflow, and Sharing Information	16
IV. Privacy, Contracts, and Administrative Processes	19
V. Exploring Payment Options	21
VI. Measuring Success and Sustaining Programs	23
VII. Challenges to Adoption	25
Conclusion	26



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Foreword

THE CHILDREN’S Partnership, the Winter Park Health Foundation, and Nemours Children’s Health System, in partnership with NORC at the University of Chicago, present this Roadmap for Action as a guide for interested stakeholders across the country—in schools, school districts, community health centers, hospitals, child care and early learning centers, counties, states, and the federal government—to move toward wider adoption of school- and child-care-based telehealth programs, which have shown promising results in numerous successful sites across the country.

On January 26, 2018, we held a convening entitled “Advancing the Adoption of Telehealth in Child Care Centers and Schools to Promote Children’s Health and Well-Being,” bringing together key experts from across the country to identify accelerators and systemic barriers to implementation of successful telehealth programs and to share best practices. Participants included leaders and experts forging the way in these innovative approaches to improve care access and quality for children.

These successful and innovative programs and the valuable lessons they provide are discussed in this Roadmap with the hopes that their impact on child health access, quality, and care can be replicated across the country. As such, the Roadmap is intended to serve as a guide to help promote the adoption of effective telehealth implementation strategies in school and child care settings across the country, including strategies for overcoming barriers and creating opportunities to help promote a supportive policy context for telehealth adoption. We highlight evidence-based outcomes for telehealth in schools and child care settings; describe factors that influence implementation and adoption of telehealth; and provide tools for next steps to support greater access to quality children’s health care.



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Section I: Setting Up For Success

Why Telehealth?

Telehealth (also referred to as telemedicine or telepractice) is not a new concept; it has been utilized in health care settings for the past 10 to 15 years. However, in the past five years, technological advancements and lower costs have made it so that widespread adoption of telehealth has not only become more possible but has also emerged as a critical tool for improving access to care and health outcomes. With greater capabilities, faster internet, mounting evidence, and less expense, the ability to effectively utilize telehealth today is light years from what was possible a decade ago.¹

Technology continues, exponentially, to transform the ways in which children develop, learn, and interact with one another, their parents, teachers, and caretakers. New national and state initiatives have expanded the reach of high-speed internet to more communities, including remote and rural areas; strengthened educational effectiveness through the use of technology; and equipped health care providers and systems with technology to improve quality, care coordination, and overall effectiveness of health care delivery systems.² These advances are creating opportunities for widespread adoption of telehealth to improve access to care for children.



Photo Credit: UC Davis Center for Health and Technology

The Case for School & Child Care Telehealth Programs

► Schools

In some parts of the country, telehealth in schools is emerging as an important tool to help improve access to primary, acute, and specialty care for children; improve the ability of families and youth to manage chronic conditions;

facilitate health education for children, families, and school personnel; and increase the capacity of local health care providers to better meet the health care needs of children and youth. Extensive studies of these programs have shown that they are also providing care to children who had previously not been utilizing health services or had been underutilizing care.³

Primary Care

A 2016 report by the Children's Health Fund estimated that 20.3 million children across the United States lack sufficient access to primary care.⁴ The report notes that school-based telehealth programs provide a

Children's Health School Telehealth Program (Dallas, Texas)

The telehealth program at Children's Health in Dallas, Texas, is a successful school-based telehealth program. Dr. Stormee Williams, Medical Director for Children's Health School Telehealth Program, describes how, through telemedicine, she is able to provide quality health care to children who have limited access to pediatric providers. Children's Health encompasses two full-service children's hospitals in Dallas and Plano, Texas, with more than 50 specialties and subspecialties, 19 group primary care locations, multiple specialty centers, and a clinically integrated network of more than 300 private pediatricians. The School Telehealth Program began in 2013 with two preschool pilots, expanding to 27 K-12 rural, urban, suburban, and charter schools by 2015; 57 schools by 2016; 97 schools by 2017; and 112 schools in 2018.

The program currently treats children in schools with upper respiratory infections (influenza and strep throat); allergies; asthma; cuts and scrapes; fever; earaches; pinkeye; rash and skin irritations; and head lice. The student presents to the school nurse, who first calls the parent(s) and then the children's health appointment desk. The school nurse then takes the pupil's vitals and history and sends the information to the hospital registration staff, who enters it into the child's electronic health record (EHR). A pediatrician at the hospital is notified that the patient is ready. She calls the nurse and patient via live video and proceeds with the visit, assessing, diagnosing, and developing a treatment plan for the student. She then electronically sends a prescription to the pharmacy, if medication is needed, and sends a visit summary to the parent(s) as well as to the child's primary care physician.

The program has seen an eightfold increase in utilization since inception in 2013 (with 3,636 visits in the 2015-2016 school year and 4,907 visits in the 2016-2017 school year), while simultaneously reducing emergency room (ER) utilization. In addition, the program saw school nurse satisfaction improve, with survey findings showing that 86 percent of school nurses in the program indicate they believe their time spent was worthwhile, and 97 percent report that they would encourage use of the program by students. Supporting the Whole School, Whole Community, Whole Child model, Dr. Williams works closely with hospital and school administrators to bridge the access and care gap and advocate for technology and innovation in improving access to care.

means to increase access to pediatric primary care and to reduce children's absenteeism, particularly among vulnerable populations. In an earlier study, in 2003, the authors found that providing primary care telehealth services in schools was associated with reduced visits to the emergency department (ED).

The study also found that providing primary care telehealth services decreased parents' likelihood of potential wage loss and prevented families from overspending on health care.⁵ In fact, based on parent/caregiver satisfaction surveys reported in 2017 by Children's Health School Telehealth Program Texas (CHST), 74 percent of parent(s)/caregiver(s) responded that



they would have had to miss work if their child had not received school telehealth services. Over 70 percent of the caregivers reported saving up to four hours with the school telehealth program, and 67 percent reported that they saved up to 25 miles of travel, resulting in an additional \$13.75 directly back in their pocket (calculated based on a rate of \$0.55 per mile for travel costs).

Oral Health

Oral health care is essential to both children's health and ensuring success in school. Children who have poor oral health are three times more likely to miss school as a result of dental pain, relative to children with good oral health.⁶ Additionally, in the United States, 20 percent of children ages 5-11 have at least one untreated decayed tooth.⁷ To address access to oral health, some schools have established telehealth dental clinics in their facilities. Researchers in Rochester, New York, used the Health-

Virtual Dental Homes (California)

In California, the Virtual Dental Home (VDH) is an innovative and cost-effective system for providing oral health care to children. Directed by the Pacific Center for Special Care at the University of the Pacific School of Dentistry, dental hygienists and assistants examine and collect dental information from patients in community settings—such as schools and Head Start sites. They send the information electronically via a secure, web-based system to the supervising dentist at a clinic or dental office. The dentist then uses the information to create a dental treatment plan for the hygienist or assistant to carry out. The hygienists and assistants refer patients to dental offices for procedures that require the skills of a dentist, and they help patients establish a dental home.⁹ On-site dental services can be located inside a school, community center, or public facility, where dental hygienists and dental assistants see the child and provide professional cleaning, fluoride varnish application, sealants, and temporary fillings. A dentist, via telehealth technology, then reviews the X-rays, intraoral photos, and other data and creates a treatment plan for the child. Care coordinators then work with families to ensure treatment and follow-up is completed.¹⁰

e-Access telehealth network to compare dental screenings via telehealth-based intraoral cameras with screenings using visual dental examination. The researchers found that there was no statistical significance between the telehealth examination and the visual examination, leading them to conclude that the use of intraoral cameras could be a potentially cost-effective alternative to visual examinations for childhood caries screening.⁸

Hearing and Speech

Early childhood hearing screenings are important for children's health and provide an opportunity to detect hearing loss and intervention to further limit loss and improve learning.¹¹ Evidence suggests that children who are screened for hearing and children who receive speech therapy via telehealth have similar outcomes to children who receive the services on-site. A study done at an elementary school in rural Utah showed that there was no difference between the hearing screenings conducted on-site

and those conducted via telehealth.¹² Another study at an elementary school in rural Ohio showed that students who received side-by-side speech therapy performed comparably to students who received speech therapy through videoconference.¹³

Mental/Behavioral Health

Studies have shown that at least 1 in 5 children and adolescents (approximately 5 students in a classroom of 25) have a mental health disorder that causes some impairment in functioning, while only about 20 percent of these youth receive any mental health services.¹⁴ Mental health care is not easily accessible to all children and adolescents who need treatment, and there is a long-standing shortage of child psychiatrists, particularly in rural areas. Emerging evidence suggests that providing mental health services in schools is an effective way to identify and reach children with mental health care needs. Telehealth also helps address ongoing shortages in child and adolescent psychiatry. Telehealth offers an innovative approach for effectively and efficiently providing access to mental health services in schools as well as for enhancing any existing services for vulnerable populations.¹⁵

Schools are using telemedicine as a tool to help diagnose and treat mental health and behavioral health conditions among children and adolescents.

AB 2315 Pupil Health: Mental and Behavioral Health Services: Telehealth Technology: Guidelines (California)

In early 2018, The Children's Partnership sponsored California State Assembly Bill 2315, introduced by Assemblywoman Sharon Quirk Silva, which would require the California Department of Education (CDE), in consultation with the Department of Health Care Services (DHCS) and appropriate stakeholders, to develop guidelines for the use of telehealth technology to provide mental and behavioral health services to pupils in public schools, including charter schools, and to post the guidelines on or before December 31, 2019. In California today, the vast majority of children attend one of the state's more than 10,000 schools.¹⁶ Unfortunately, most California schools do not have the resources to meet their pupils' physical, mental, and behavioral health care needs, which have become increasingly more complex.¹⁷ Currently, only 2 percent of schools in California have a school-based health center.¹⁸ Only 43 percent of public school districts have nurses.¹⁹

Telehealth is particularly important as a way to offer mental and behavioral health care amidst the shortage of child psychiatrists, psychologists, and autism-spectrum experts in the United States.²⁰ A recent review of the literature and model programs as well as focus groups with providers described opportunities and limits associated with school telemental health services and concluded that schools offer a positive environment for children to receive mental health care.²¹ Evidence suggests that school-based mental health services promote greater follow-through and access to care, particularly among underserved youth, and that telemental health care can be “realistically and effectively used in school and community settings.” The authors of the study concluded that telemental health in schools was “well-received by both providers and recipients of care.”

Because of their general comfort with videoconferencing, many children and adolescents actually prefer telemental health sessions compared to traditional office visits. In fact, according to a 2015 Common Sense Media fact sheet on

teens and smartphones, approximately 67 percent of teens own a smartphone and spend more than four hours per day using it, making delivery of services via videoconferencing a logical fit. School and home telemental health also

helps reduce the stigma associated with mental health treatment. Additionally, telehealth provides more flexibility to schedule services, so students do not need to miss school to attend their therapy sessions and do not need to fear being seen by others in a provider’s waiting room.²²

Research has also reported that telemental health may result in reduced length of hospitalization, better medication adherence, and symptom reduction of disorders.²³ Other studies have shown that telemental health may actually be better for some patients, such as those with autism-spectrum disorders, than in-person care. Attention deficit hyperactivity disorder (ADHD) treatment by telemental health has also shown high patient satisfaction in a variety of settings. A broad range of studies are concluding that children and adolescents find telemental health to be helpful, giving them a sense of personal choice during the consultation, and they generally like the technology.

University of Maryland School Mental Health Program

The University of Maryland established a School Mental Health Program (SMHP) in 1989. It began with four schools and expanded to 25 schools, including elementary through high school. The goal of the program is to provide mental health promotion, prevention, and intervention. The program predominantly serves students with low socio-economic status (SES) in highly stressed communities with substantial violence exposure and substance abuse.²⁴

The program is staffed by licensed social workers, psychologists, counselors, psychiatrists, and graduate-level trainees. The program involves the use of videoconferencing to deliver mental health care or education at a distance and is based on interactions using live audio/video between a counselor and a student. The premise of the program is that consulting with a psychiatrist in real time improves access to care, offers timely access to locally unavailable services, reduces or eliminates the burden/cost of transportation, and addresses workforce shortages. The program is designed to increase access, convenience, and reduce the cost of care. The program involves a multidisciplinary team that can be available in multiple settings and collaborate both online and in person.



Children's Health in a Digital World: Opportunities and Challenges in Pediatric Telehealth (California)

In February 2018, The Children's Partnership was joined by the Children's Specialty Care Coalition, the California Children's Hospital Association, Family Voices of California, and the American Academy of Pediatrics-CA, to co-sponsor a policy briefing to educate California legislators, staff, and other policymakers about the importance of telehealth in delivering, and improving access to, specialty care for children and adolescents. The briefing highlighted the importance of telehealth for children with special health care needs or chronic conditions; children living in both rural and urban areas of the state; and care delivered in clinical and non-clinical settings, such as the patient's home and school. The briefing kicked off with a seven-minute educational video featuring

seven innovative telehealth programs across the state.²⁶ From hospitals and clinics in San Diego, Orange County, Los Angeles, Palo Alto, San Francisco, and Santa Rosa, the physicians interviewed described why and how their telehealth programs began, how they evolved, and how telehealth has made a difference in improving care for their pediatric patients. Complementing the providers' perspectives panel, a second panel centered on current telehealth payment methodologies and policies. The panel explored some of the challenges California must overcome in order to build an effective telehealth system that addresses the needs of California's children. To further explore telehealth policies in California, Cynthia Smiley, Chief of the Benefits Division at the California Department of Health Care Services (DHCS), presented on the department's oversight of telehealth policy, as well as key considerations as DHCS develops its 2018 update on telehealth coverage and payment rules under both Medi-Cal and the California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP).

Telehealth in Special Needs School: Morning Star Catholic School (Orlando, Florida)

Nemours Children's Health System worked with the Morning Star Catholic School in Orlando, Florida, to serve patients with special needs and medical complexity.²⁷ The school nurse shared that student feelings of comfort and safety are key components of quality care, particularly for the school's many non-verbal students. With a school-based telehealth program, students are able to remain in a familiar environment with a familiar provider, a situation which decreases any fear or anxiety that might arise in addition to agitation due to illness. Further, the nurse reports a seamless workflow that supports her practice and includes parents virtually, as well as increased efficiency and effectiveness of the care provided at the school.

In one case at the special needs school, the school nurse noticed a rash on two patients that she could not identify. Using a Florida-based, on-demand telehealth service, the nurse consulted a physician who diagnosed the rash as scabies and prescribed medication, which was delivered by a nearby pharmacy. On-site treatment at the school began immediately.

Within the same business day, the school initiated a decontamination and cleaning plan and issued a letter to parents, providing information to further educate them on signs, symptoms, and treatment. The situation was contained, preventing an outbreak and subsequent temporary closure, which would have resulted in missed school days and missed work days for parents.

In another case, the mother of a medically complex child shared that after a significant health event at the school, which was 45 minutes from her office, she chose to work out of her car in the school parking lot for fear of not being able to reach her child in the event of another health event. Initially skeptical of the new telehealth program, after experiencing a multi-way telehealth visit with her child, the school nurse, and the telehealth provider, she became confident in the ability of her child's in-school care team, in partnership with the Florida program, to manage her child's health. She returned to work and reports feeling reduced anxiety and fewer missed work days. She also expressed, in answer to a question from an attendee, that the promptness and convenience of care in a time of need was more important to her than waiting to see her child's primary care doctor. A record of the visit was, of course, shared with the family and primary care doctor.

Children with Special Health Care Needs

Telehealth has proven to be effective in delivering the types of specialized care and care coordination needed by children with special health care needs (CSHCN) in more accessible ways. Telehealth can be used to provide quality care in areas such as behavioral health, disease management, and care coordination. CSHCN often have or are at risk for chronic physical, developmental, behavioral, or emotional conditions, and they often require multiple providers and specialists, highly coordinated care, and related services on an ongoing basis from a multidisciplinary set of providers. Additionally, because children with complex and multiple health care needs are often served by many types of providers, providing care where the children are, including in schools, enhances opportunities for care coordination to support CSHCN and their families.²⁵

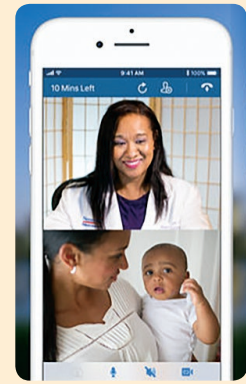
Children with Chronic Conditions

Children with chronic diseases who require routine monitoring and maintenance are often high-need, high-cost patients who can benefit from telehealth. Across the United States, school-based telehealth programs have shown strong associations between providing telehealth services and increased access to chronic care among children.²⁸ A recent study conducted in New York, using telehealth in a diabetes monitoring program, found that students who were monitored via telehealth were more likely to have lower hemoglobin A1C values, fewer hospitalizations, and fewer emergency department visits relative to students who were not monitored via telehealth.²⁹

Telehealth is also emerging as a powerful tool to improve school

Nemours: Asthma App

Nemours Children's Health System has developed a mobile app for chronic disease management, starting with solutions for asthma and high-risk cardiac diseases. The app leverages its 24/7 on-demand telehealth service as well as other digital health services (e.g., patient portal, patient education) and will be further developed to become a comprehensive platform, which will include tools for wellness as well as chronic and acute condition management.



Starting with chronic conditions, the goal of the application is twofold:

- 1) Provide tools co-designed by Nemours families and clinicians that will lead to better control of childhood chronic diseases, including telehealth access for urgent needs.
- 2) Provide clinicians a view into how their patients experience their condition between clinic visits.

Building on the second goal of providing clinicians with information about their patients, remote patient monitoring (RPM) is emerging as an important tool for chronic disease management. The idea is to capture information between clinical visits and feed that information into the clinic via the EHR in real-time. This additional data helps to inform the care plan for that patient.

While Nemours' app is currently a consumer-focused tool for use at home (via a mobile device), as telehealth adoption expands into schools and child care settings, there is opportunity to bring chronic disease management tools into these settings as well.

performance and attendance and provide convenient options for working families, particularly in the case of chronic conditions. For example, in North Carolina, the Center for Rural Health Innovation's telehealth program partnered with Mission Children's Hospital in Asheville, working with the pediatric pulmonologist and asthma educator to implement a comprehensive asthma management program focused on education and the treatment of acute asthma events at school. It provides information on when a nurse can engage the telehealth providers or determine if the child needs to go to the ED.³⁰

▶ Child Care Centers

Introducing access to telehealth services in child care settings, including Head Start programs, provides an opportunity to expand access to primary and specialty care for very young children and to diagnose and treat health care issues, without requiring parents to take time off from work. Expanded access to primary and specialty health care via telehealth may also improve identification of new or recurring developmental, medical, oral, or mental health concerns among this group of children.

Compared to school-based telehealth programs, telehealth in child care

settings is in the nascent stages without many examples from which to draw. While most examples and research currently come from school-based programs, many lessons learned and best practices from these models could apply to child care programs as well.

In the preeminent child care example out of Rochester, New York (detailed in box below), researchers posited that the value of telehealth (for appropriate encounter types) could be measured by timeliness of care, cost of care, and cost-effectiveness. In their study, conducted in urban child care programs, telehealth

care was compared to usual care. Findings include the following:

- ▶ **Timeliness of care.** The telehealth model provided better, more timely care. Comparing telehealth care to usual care showed the following:
 - Telehealth care allowed the child to be seen immediately, be given first dose of pain medication immediately, and first antibiotic 1-2 hours later.
 - Usual care typically means the child is seen in 4 hours or more,

with the first dose of medication given 6 hours later.

- Results show telehealth care completed in 1-2 hours; usual care completed in 4-6 hours.
- ▶ **Cost of care.** Overall, cost of telehealth care was less. Comparing telehealth care to usual care showed the following:
 - Costs associated with telehealth care include equipment and connectivity costs, personnel costs, transportation costs, missed

Health-E-Access Telemedicine Network (Rochester, New York)

The Health-e-Access (HeA) telemedicine network in Rochester, New York, begun by Dr. Kenneth McConnochie at the University of Rochester and supported at different stages by the New York State Health Department, the New York Health Foundation, and the national Agency for Healthcare Research and Quality (AHRQ), has conducted numerous studies over the past decade measuring the impacts of its inner-city child care telehealth program. The Health-e-Access program is a secure, web-based, community-wide, network approach to delivering care within the primary care medical home to families in Rochester, New York, a mid-sized urban area characterized by racial, socio-economic, and health disparities. The program began in 2001 in three child care centers. Dr. McConnochie shared, “Not long ago, hardly a day would go by in [our] pediatric primary care practice when we weren’t asked to do an office visit to certify that a child, who was obviously well, was fit to return to daycare. Sometimes the child had been well for several days already—it just took that long for the [parent] to take off from work to bring the child in for that ‘certification.’ So, the child care setting was low hanging fruit.” What the studies on child-care-based telehealth found was a net impact of 63 percent reduction in absences from child care due to illness.³¹ Another finding was that providers were able to diagnose health problems as accurately via telehealth visits as they were in person. Further, 97 percent of visits were complete via telehealth; only 3 percent were referred to higher level of care. 94 percent of the children would otherwise have gone to an ED, an urgent care facility, or a pediatric office.

Finally, 93 percent of the time, the telehealth visit allowed the parent to stay at work or school with an estimated time savings of 4.5 hours per visit.

Operationally, a telemedicine assistant captures images or video of the child, for example capturing lung sounds with an electronic stethoscope, and also provides a history of the health condition based on information obtained from the child’s parent or child care center staff. Digital files are stored in an electronic record on a central server and can be downloaded by the distant site provider, who then interacts with the child care provider, the child, and the child’s parent via a live, multi-way videoconference. Dr. McConnochie shared, “I don’t feel like I’ve done my job as a provider until I have at least spoken to the parent by phone to elicit more history and discuss my recommendations. Ideally, the real-time interaction involves a multi-way videoconference, often with child, parent, and provider all at different sites. With the secure videoconference applications now available, there are no technical barriers to making this happen. We have had good experience with a free, secure videoconference app (which enables multi-way interactions) called Zoom.”

Altogether, the program now has 70 different access sites, including all Rochester city schools. Following success in child care and schools, HeA started conducting visits in a center for children with special needs and then in after-hours neighborhood telehealth access sites. In terms of reduction in ED visits among children in regular city elementary schools and child care, the result was at least 22 percent fewer ED visits. Among children with special health care needs at a child development center, the result was at least 50 percent fewer visits.³²



work costs, telehealth visit costs (\$80), incremental costs for exam space, medication costs (equal to cost of usual care), and provider costs (equal to or less than cost of usual care).

- Costs associated with usual care (direct and indirect) include exam space, personnel costs, missed work time for parent, transportation/ambulance costs, parking costs, ED costs (avg. \$600), medication costs, and provider cost.
 - Results show fewer direct and indirect costs associated with telehealth care.
- ▶ **Cost-effectiveness.** Given in-person equivalence, convenience and timeliness of care, direct cost of care (transportation, space, provider, and visit costs), and indirect costs (missed work, missed school, timeliness of care), telehealth delivers better value to patients and communities.
- Finally, as might be expected, unique challenges face child-care-based telehealth programs, as child care centers typically do not furnish or

provide direct access to health care services and may initially be ill-equipped to host telehealth visits. Planning is especially key in child care centers with special consideration given to special needs (e.g., private space to conduct encounters), identification and training of telehealth presenters, rules and regulations regarding medication provision, and policies governing mandatory release of sick children.

Getting Started— An Overview

The following are issues to consider when getting started and exploring expansion of telehealth programs in schools and child care settings.

When considering a new telehealth program, it is important to understand that there are likely many families, communities, case managers, practitioners and insurers who may not be aware of the value of telehealth and

may have misperceptions about what it means for children. Some positive key messages that can help begin the dialogue include the following:

- ▶ Telehealth is not just about getting care to rural communities; it can help to address many other barriers to care in both urban and rural areas. In addition, many organizations and agencies have the shared goal of serving children, and telehealth is one potential solution that all organizations can support.
- ▶ The long-term benefits of telehealth may outweigh the short-term investment.
- ▶ While telehealth is a valuable tool to improve access to care for children, it is not a replacement for traditional care and should be used to help maintain ongoing relationships with children’s existing providers.

A number of school telehealth resources are available through the Telehealth Resource Centers (TRCs) program.³³ TRCs are designed to “provide assistance, education and information to organizations and individuals who are actively providing or interested in providing health care at a distance.” Supported by the U.S. Department of Health and Human Services (HHS), and the U.S. Health Resources and Services Administration (HRSA) Office for Advancement of Telehealth, their mission is to “assist in expanding the availability of health care to underserved populations.” The assistance provided is generally free of charge.

The following sections provide guidance on getting started on establishing a telehealth program with information on specific sources and experiences. In general, it is important to consider the following best practices when exploring a new telehealth program in schools or child care settings:

- ▶ An exploratory phase is an essential part of planning and should **include conversations with all stakeholder groups**, including community physicians, school nurses, school boards and administrators, educators, payers, parents, child care providers, child care regulating bodies (e.g., Head Start, departments of health, etc.), and local pharmacies.
- ▶ **Do not reinvent the wheel.** Many existing programs have materials that can be replicated and modified to meet a new program's unique needs. Such materials include patient/parent packets for program enrollment, model contracts, consent forms, existing best practices, and recommended measures.
- ▶ **Schools and child care sites have unique challenges** that differ from each other as well as from other non-clinical sites. Familiarity with Family Educational Rights and Privacy Act (FERPA) regulations related to student data, Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations related to patient health information, child care regulations applicable to health (e.g., medication administration, length of illness, etc.), and the role of parochial governing bodies (e.g., parent-teacher associations, school board) can help avoid stumbling blocks.
- ▶ **People will drive the migration to telehealth if they have a good experience.** Champions cannot be undervalued, and a great way to develop champions is to give them first-hand experience using the service in a time of need. Parents, teachers, and school nurses are the front line, and developing these champions is a first step to success.
- ▶ **Prospective programs should explore and cater to community needs—** start small with pilot programs and

grow based on lessons learned and early successes. Eventually, programs should endeavor to take a holistic approach, yet they must recognize that not all services are appropriate for school- or child-care-based telehealth programs.

- ▶ **Connection to the patient-centered medical home** should be a central goal of the program.
- ▶ **Sustainability planning must take place early on**, even if start-up costs are covered by grant funds. Elements of this planning include consideration of equipment costs, model-type (primary care vs. urgent care, or a hybrid model; roving telehealth cart in a geography versus on-site equipment at each location), and reimbursement sources and rates.
- ▶ **Full knowledge of which services and which provider types are covered** by both commercial and public payers is essential, as well as whether schools and/or child care sites are allowable originating sites in your state(s).
- ▶ **Other regulatory considerations must be accounted for**, including necessary credentialing and licensure

of all providers, presenters, and/or health aids in all jurisdictions (i.e., across state lines). Un-credentialed or unlicensed individuals cannot bill for services.

- ▶ **Assess the equipment and IT needs** for your program, how those items will be procured and delivered, and solicit continuous feedback on their effectiveness and ease of use.
- ▶ Starting early on, **training and technical assistance must be readily available** to assist with all technologies and devices deployed for use on-site at a school or child care center. This includes IT connectivity support, EHR and telehealth platform training, workflow training, and a continuous feedback loop regarding the efficacy and practicality of connected devices.
- ▶ **Provider training** is vitally important to success. This training includes equipment training, how to present a patient via telehealth, workflow training, and plenty of mock visits. Other considerations include best practices on attire, background, and location to ensure the clearest visual information is communicated.

