School-Based Telehealth Workgroup

INFORMATION GATHERING TABLES

Draft Version 5

The Maryland Health Care Commission (MHCC) appreciates the contribution made by members of the School-Based Telehealth Workgroup (workgroup). The MHCC is in the *information gathering stage* and seeks workgroup member input to complete the tables on the topic categories below. This information will be used to guide future deliberations by the workgroup. We anticipate completing the tables over multiple meetings with the diverse perspectives of workgroup members.

The items are organized by key categories based on discussions with the workgroup. This document is for information gathering purposes only and should not be considered a comprehensive list of all topic categories of discussion. Certain bullet points identified in the grids are supported by literature while others are aspirational or anecdotal. Those that are literature-based are marked with an asterisk; reference used for these items are included at the end of this document.

Instructions

The top row of each table identifies a topic/concept of discussion. Each table includes three quadrants: benefits, barriers/challenges, and solutions. Each quadrant is subdivided to include persons or entities (e.g., students, MSDE, schools or school districts, grant funds, private payors) that have a role in or may be impacted by the topic/concept of discussion. Other persons and entities may be added by the workgroup during discussions. We ask that workgroup participants list possible benefits, barriers/challenges, and solutions related to the topic/concept. Workgroup participants are not required to complete each quadrant for each table; we ask that participants identify benefits, barriers/challenges and solutions that are most relevant for them and are supported by literature, if possible.   If the item is literature-based, please include an end note.   After benefits, barriers/challenges, and solutions are identified, workgroup participants are asked to identify key themes that summarizes solutions identified for each table. Identify key themes will be considered in developing informal draft recommendations.

Definitions

Benefit: The value derived from producing or consuming a service

Barrier/Challenge: A circumstance or obstacle (e.g. economic, political, institutional, environment, social, etc.) that hinders or prevents progress, including a difficult task or complex situation that must be overcome in order to implement a solution

Key Themes: A key takeaway statement that summarizes table quadrants that can be used to formulate potential recommendations.

Solution: An idea aimed at solving a problem or managing a difficult or complex situation.

Table 1

Implementation of telehealth within schools

DRAFT RECOMMENDATION

   Consider the establishment of funding payment differentials not to exceed 24-months for providers who render services in primary and secondary schools via telehealth to incentivize adoption

BENEFITS

Students
- Increased access to services, including preventive services, particularly in areas with provider shortages
- Decreased absenteeism*
- Enhanced health literacy
- Improved academic and health outcomes

Parents/guardians
- Expanded access to health and Individualized Education Plan (IEP)[1] services for children
- Ability for child to be treated at school, reducing time off of work
- Reduced travel costs to school/provider
- Health equity for caregivers who are unable to provide these services for their children

Schools or school districts
- Addresses provider shortages
- Ability to better provide support to students with specialized needs (e.g., IEPs, behavioral health, chronic disease management, etc.)
- Increased access to compensatory services or home/hospital services
- Minimizes student absenteeism
- Opportunity to keep teachers at work

BARRIERS & CHALLENGES

Students
- Concerns with potential disruption to the medical home
- Confidentiality concerns*
- Potential discomfort with seeing a new provider, especially in cases where parent is unable to join visit

Parents/guardians
- Parent desire for child to see their own primary/specialty care provider
- Confidentiality concerns*
- Addressing concerns around the treatment relationship with unknown telehealth providers
- Lack of support or enthusiasm for the program*

Schools or school districts
- Beliefs that telehealth is not able to adequately support students*
- Cost
- Need for private, physical space to offer telehealth services
- Lack of staff support/buy-in
- Ownership of the child's medical record (FERPA/HIPAA)
- A telehealth-only model presents challenges when a service is not appropriate to be delivered via telehealth (i.e., reproductive health for secondary school, children)

SOLUTIONS

Students
- Provide relevant clinical information to the child's primary/specialty care provider regarding the telehealth encounter/intervention
- Engage community-based primary/specialty care provider to deliver care via telehealth

Parents/guardians
- Build awareness around the potential value in using telehealth services
- Connect the child to their primary/specialty care provider for a telehealth encounter

Schools or school districts
- Demonstrate the instances for which outcomes of telehealth services can be the same as an in-person service
- Provide an education ROI model that focuses on student impact of telehealth services
- Create a learning community of providers, hospitals, FQHCs, local health departments, etc. to share best practices and best communication strategies
- Seek grant funds to cover implementation costs, such as training, equipment purchases, upgrades to technical infrastructure, etc., as well as to pilot innovative uses of telehealth

KEY THEMES
- Establish and expand the use of telehealth in primary and secondary schools

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[1] The IEP is a written plan that describes the special education and related service support needed for a child with a disability. The IEP defines the type and amount of services needed and where the services will be delivered. School staff is responsible for the implementation of the IEP.

- Encourage school districts to be innovative in developing telehealth models in partnership with State agencies and community providers
- Increase participation from community providers and MCOs to use telehealth

PARKING LOT
- Online therapies can also include evaluations, re-evaluations, and participation in IEP meetings
- Impact on the larger community
- Industry supports that are available (i.e., ASHA)
- Transfer of service delivery from a person in the school to someone located remotely
- Medical neighborhood (stakeholder)
- Issues of educating the distant site service providers regarding using technology
- Scope of provider practice

Table 2

Building awareness about the value of telehealth services

DRAFT RECOMMENDATION

Increase awareness building activities by school districts to promote school-based telehealth aimed at parents/guardians, students, community providers, and school staff

BENEFITS	BARRIERS & CHALLENGES
Students ● Opportunity to learn about alternative methods to receive services using technology *Parents/guardians* ● Awareness that the services are available to start a conversation about their child receiving these services *Schools or school districts* ● Opportunity to gain buy-in from school leadership to offer telehealth ● Opportunity to obtain information to advocate for bringing services into the school	*Students* ● Caution from immigrant parents around talking to someone they don't know ● Appropriately targeting awareness building for self-directive services ● Potential stigma if technology is only used for IEP/mental health services ● Messaging about which students are suitable for telehealth and what are the services that are offered for these students *Parents/guardians* ● Messaging about which students are suitable for telehealth and what are the services that are offered for these students ● Parent preconceived notions about telehealth services being inferior to in-person ● Parent linguistic/cultural barriers *Schools or school districts* ● Competing priorities of leadership and availability to hear about telehealth services ● Identifying where/who/how/when the awareness building should be targeted ● Appropriately developing awareness building strategies for all parents/guardians including language, culture, etc. ● Remaining cognizant of different equity issues across all students including translation issues ● Access to parents and ability to get the message out to them ● Messaging about costs

SOLUTIONS

Students
- Educate students about the process and benefits of telehealth services, including live demonstrations of the technology
- Reassure students that telehealth is similar to seeing a provider in-person
- Provide opportunities to try and test use of new technology
- Target awareness building to students that are good candidates for telehealth

Parents/guardians
- Provide parents information about the benefits of using telehealth to connect their children to the services they need, including live demonstrations of the technology
- Implement an awareness building strategy that considers parents and guardians across all students of the population
- Incorporate information on telehealth into health services information already provided by schools
- Require parental consent for children to receive services via telehealth

Schools or school districts
- Offer hands-on demonstration of the telehealth technology
- Providing clear facts to leadership on current challenges and how telehealth services can address these challenges
- Demonstrate the instances for which outcomes for telehealth services can be the same as an in-person service, including success stories from schools that have implemented telehealth services

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KEY THEMES
- Build awareness and comfort among students, parents, school administrators, payors, state agencies, and service providers regarding the definition and value of telehealth, including messaging that telehealth can enhance services that are already being delivered
- Use language that is appropriate and culturally sensitive for the parents/students
- Use pilot program results to demonstrate uses, efficacy, and feasibility of telehealth

PARKING LOT
- Methods to increase awareness to students could include:
    - Demonstrations and videos of exams to increase comfort level of students
    - Peer promotion from telemedicine users
    - Presentations to student groups
    - Focus groups for older students on how to best promote program to parents and other students
- Methods to increase awareness for parents could include:
    - Promoting the benefits through schools' email blasts
    - School principals promoting program in letter to parents, speaking about program at Back to School Nights, PTA meetings, and other parent events.
    - Including enrollment packets in school mailings and making it part of new student registrations
- Cost savings of not having a translator by accessing a service provider that is linguistically appropriate

Table 3

Ensuring the continuum of care/care coordination via telehealth

DRAFT RECOMMENDATION *(also on Table 5)*

Foster policies that promote greater flexibility among school districts to develop school-based telehealth programs that meet the unique needs of their student populations/community and support care coordination within the community

BENEFITS	BARRIERS & CHALLENGES
Students	*Students*
● Increase in coordination between students' primary/specialty providers and school healthcare professionals	● Consent and HIPAA/FERPA concerns*
● Potential for an increase in medication adherence, monitoring, and education*	● Inability to be seen by their own provider via telehealth
	● Lapses in communication between school/remote providers and the child's primary/specialty care provider due to technology or other gaps (i.e., lack of EHR)
Parents/guardians	*Parents/guardians*
● Decrease in time away from work while maintaining continuum of care	● Child's primary/specialty care provider is not engaging in telehealth services
● Increase in communication between schools and service providers with parents to discuss care management and coordination*	● Concerns around sharing child's information
● Potential for fewer visits/less duplicity	*Primary care and specialty care*
Primary care and specialty care providers	● Lack of buy-in or support from providers*
● Improved ability to successfully treat patients due to an increase in access to patients[*]	● Technical limitations of some community providers (e.g., insufficient internet access, lack of an EHR, etc.).
Schools or school districts	● Concern that telehealth could lead to the "doc-in-a-box" model and reduce continuity of care over time
● Decreased absenteeism and enhanced overall health of students*	*Schools or school districts*
● Enhanced continuity of care and communication with school nurse*	● Lack of buy-in or support from school staff and leadership*
Payors	● HIPAA/FERPA requirements and obtaining consent to share information*
● Facilitates better management and early intervention for patients health condition to reduce health care related costs	

SOLUTIONS
Students
- Strive to coordinate with local providers
- Obtain parental consent to contact the child's primary/specialty provider
- Ensure streamlined workflow for information sharing, particularly for providers who lack certain technical capabilities (e.g., EHR)
- Provide a combination of in-person and telehealth services

Parents/guardians
- Inform parents of the benefits to sharing the child's information with the appropriate providers
- Inform parents of the confidentiality requirements around the child's information and the methods used to protect child information

Primary care and specialty care
- Engage the community and secure community support using community wide-meetings and personal visits to crucial stakeholders*
- Ensure that the telehealth program is filling a health care gap and not duplicating services*

Schools or school districts
- Ensure that the telehealth program is filling a health care gap and not duplicating services*
- Use the beginning of the year/enrollment as a time to obtain consent*
- Engage community providers to deliver telehealth services
- Develop a process to engage and/or communicate relevant information to the child's primary/specialty provider
- Provide a combination of in-person and telehealth services
- Develop partnerships with FQHCs to align on similar goals/continuity of care

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KEY THEMES
- Develop telehealth policies that foster its use and enhances existing care delivery initiatives
- Ensure privacy of data and that correct data are sent to providers during care coordination activities
- Align telehealth with Maryland alternative care delivery models
- Explore opportunities to foster medical home participation in collaboration with MCOs in telehealth and the possibility for care coordination to be a telehealth service
- Communicate health information to providers in a timely and consistent manner

PARKING LOT

Table 4

Technology (i.e., hardware and software) used in a telehealth encounter

DRAFT RECOMMENDATION

Utilize the existing Medicaid telehealth technical requirements when implementing telehealth in schools

BENEFITS	BARRIERS & CHALLENGES
Schools and Providers ● Increased access to providers to deliver necessary services, while providing quality care* ● Potential to enhance service delivery, particularly in the area of diagnostics *Students* ● Technology could be viewed as "cool" thereby potentially reducing stigma of IEP services *Parents/guardians* ● Opportunity for increased involvement of parents/guardians in services provided at school through virtual participation (e.g., 3-way conferencing)	*Schools and Providers* ● Access to broadband connectivity, particularly in rural areas* ● Broadband connectivity demand may require schools to have their own connection to support telehealth ● Access to technicians to address problems with equipment * ● Need for continual training of providers and staff* ● Level of comfort with the technology* ● Limited space for telehealth equipment that is both private and secure ● Ownership over the technology processes ● Evolution of telehealth technology is fast paced *Students* ● Ability to use technology and the potential need for significant oversight/supervision and/or modifications to the technology *Parents/guardians* ● Level of comfort with the technology*

SOLUTIONS

Schools and providers
● Provide hands-on training and demonstrations, including tutorials and practice drills*
● Provide continual technical support*
● Research partnerships with local universities, hospitals, health care systems, or telehealth vendors for implementing and maintaining technology*
● Use mobile hotspots to increase connectivity
● Establish interoperability to help with continuity of care
● Select technology that is easy and intuitive for users (i.e., VA's "Blue button" model)
● Leverage federal programs to facilitate enterprise connectivity for schools (community anchor institutions)

Students
● Utilize user experience design when developing a solution to support telemedicine*

Parents/guardians
● Provide demonstrations of the technology

KEY THEMES
● Encourage innovative technical solutions and models for implementing telehealth
● Consider the community/distant providers' ability to meet the standards regarding technology and connectivity in order to be able to deliver the telehealth services

PARKING LOT
● Review/align recommendations with the Maryland Taskforce for Rural Broadband

Table 5

Management and administration of people, processes, and procedures to deliver telehealth services

DRAFT RECOMMENDATION *(also on Table 3)*

Foster policies that promote greater flexibility among school districts to develop school-based telehealth programs that meet the unique needs of their student populations/community and support care coordination within the community

BENEFITS
State regulation
- Develop program standards for staffing qualifications, training, etc.
- Develop standards for telehealth technologies and treatment protocols
- Ability to provide oversight of telehealth services to ensure that quality and confidentiality standards are met

Schools or school district
- Control resource allocation and distribution across the school district according to measured or perceived needs for telehealth
- Oversight of individuals delivering telehealth services with standardized protocols

Third Party Payers/Medicaid
- Ability to require certain standards to be met in order for schools to be reimbursed for telehealth services

BARRIERS & CHALLENGES
State regulation
- "One-size fits all" regulations may not be appropriate solutions for diverse schools and districts
- Limitations imposed by licensing boards on telehealth service providers

Schools or school districts
- Schools with limited resources may have staffing challenges to be able to manage telehealth services
- Difficulty hiring providers
- Contract management
- Authority over telehealth service providers who may not be employed by the school

Third Party Payers/Medicaid
- Time to develop and implement new processes for reimbursement of telehealth services

SOLUTIONS
State regulation
- Include flexibility in development and periodic reevaluations of regulations
- Incorporate stakeholders in rules development
- Provide flexibility to schools/school districts to manage the delivery of telehealth services

Schools or school districts
- Dedicate funds for telehealth at the district-level to facilitate staff hiring
- Ensure contracts have clear language around authority governing telehealth services providers (i.e., school vs telehealth service company/health care organization)
- Establish innovative care delivery models incorporating telehealth with hands-on care

Third Party Payers/Medicaid
- Modify Medicaid regulations/policies
- Expand reimbursement from non-government payers for telehealth services

KEY THEMES
- Allow school districts greater flexibility in the processes and procedures to meet the standards when developing telehealth programs that meet the unique needs of their populations/community, as well as the flexibility to allow for changes as the technology progresses
- Explore the possibility to change current laws, regulations, and standards that exist that are no longer applicable in telehealth care delivery and, in the interim, use of exemptions/waivers/variance

PARKING LOT
- Legislative involvement – Specify authority to regulate
- Cost and quality of care among the various staffing solutions to determine the most efficient resource allocation

Table 6

Existing telehealth compliance requirements, including SBHC application process, standards, and reporting

DRAFT RECOMMENDATION

> **Explore opportunities to establish a community-based stakeholder telehealth advisory board to make recommendations to the Maryland State Department of Education and Maryland Department of Health on policies to advance school-based telehealth programs**

BENEFITS	BARRIERS & CHALLENGES
MSDE/MDH	*MSDE/MDH*
● Consistent process for monitoring, reporting, and evaluating quality standards ● Ability to model the established process to other areas of the school (i.e., SHS) ● Authority to provide professional development and technical assistance to schools seeking to implement telehealth	● There are no laws that govern SBHCs, only policies ● No policies around using telehealth in the SHS setting ● Policies around mental health services are not clear ● Separating telehealth as a care delivery modality from the care delivery within a SBHC
Schools or school districts	*Schools or school districts*
● Establishes a framework for financing ● Protection for the provider and child ● Benefits all students ● Expansion of services to areas experiencing shortages of qualified providers	● Technical infrastructure to support telehealth ● Time required to go through the process to set up a SBHC, regardless of telehealth ● Cost to set up a full SBHC is significant ● SBHC requirement to have a provider on site ● Availability of school nurses to use telehealth ● Lack of policies for emergencies that may arise when a school nurse is utilizing telehealth, etc. ● Staffing resources and consideration of the burden on providers and school nurses

SOLUTIONS
MSDE/MDH
- Develop policy for having telehealth in SHS that allows for some innovation while protecting students and quality of care
- Look to other states for existing models for using telehealth in schools
- Identify core competencies that are needed for setting up telehealth programs

Schools or school districts
- Adding to/streamlining existing/developing new policies for telehealth programs

KEY THEMES
- Explore opportunities to introduce efficiencies into the processes for offering telehealth in schools
- Develop a mechanism for telehealth to be utilized in SHS
- Work towards developing a recognized accrediting body that sets standards for use of telehealth in schools

PARKING LOT
- Schools that are using telehealth could serve as a model for other school districts to develop policies
- Schools may not be seeking the originating site fee from Medicaid
- Definition for what constitutes adequate health services, which schools are required to provide by statute Meeting to discuss telehealth policies MDH and MSDE to support new solutions is in the works

LITERATURE

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