

School-Based Telehealth Workgroup

INFORMATION GATHERING TABLES

Draft Version 2.0

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. Each item is also identified as either relevant to a school-based health center (SBHC)¹, school health services (SHS)², or special education services (SES)³. 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 should include an endnote.

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

¹ SBHCs are health centers, located in a school or on a school campus, which provide onsite comprehensive preventive and primary health services. Services may also include mental health, oral health, ancillary, and supportive services.

² All Maryland local school systems are required to have a designated school health professional available on site to provide health care services to students, which is defined as a physician, certified nurse practitioner, or registered nurse with experience and/or training in working with students or school health programs. Schools are required to ensure that all students receive a physical before entering school, review health records to identify any special needs and ensure accommodations are made for these students, provide hearing and vision screenings, provide health counseling to students in need, ensure that all students have received immunizations and notify the local health department of non-compliance, provide physical education, and emergency services. More information is available at: <http://marylandpublicschools.org/about/Pages/DSFSS/SSSP/SHS/SHSMD.aspx>.

³ These are services that are provided to a student in accordance with their Individualized Education Program (IEP). 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. More information is available at: http://mdk12.msde.maryland.gov/instruction/specialed/how_does_the_iep_process_work.html.

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.

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

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

Key Categories

A. Engagement: Building awareness about the value of telehealth⁴/teletherapy⁵ services

Table 1

Teletherapy for SES	
BENEFITS <i>Students</i> <ul style="list-style-type: none"> Increased access to providers of IEP related services through teletherapy particularly in areas with provider shortages <i>Parents/guardians</i> <ul style="list-style-type: none"> Expanded access to services to support children with IEP services <i>Schools or school districts</i> <ul style="list-style-type: none"> Addresses shortages of providers who are able to provide IEP services Gain buy-in from school leadership to offer teletherapy for IEP services Ability to better provide support to students with IEPs 	BARRIERS & CHALLENGES <i>Students</i> <ul style="list-style-type: none"> Overcoming the perception of using technology to provide teletherapy* Appropriately targeting awareness building activities by sociodemographics Potential stigmas of using technology to provide IEP related services <i>Parents/guardians</i> <ul style="list-style-type: none"> Parents lack of knowledge about the option to use teletherapy* Parents may not believe that teletherapy is effective to support their child's IEP related needs <i>Schools or school districts</i> <ul style="list-style-type: none"> Schools may not be receptive to the option of teletherapy to support students Identifying where awareness building should occur within each school district Appropriately targeting awareness building activities for partents/guardians by sociodemographics
SOLUTIONS <i>Students</i> <ul style="list-style-type: none"> Reassure students that teletherapy is similar to seeing a provider in-person Hands-on demonstrations Target awareness building to students that are good candidates for teletherapy <i>Parents/guardians</i> <ul style="list-style-type: none"> Provide evidence about the benefits of using teletherapy to support children with IEPs Demonstration of a teletherapy session An awareness building strategy that considers sociodemographic of the population <i>Schools or school districts</i> <ul style="list-style-type: none"> Demonstrate that teletherapy is equivalent to in-person services 	
PARKING LOT <ul style="list-style-type: none"> Online therapies can also include evaluations, reevaluations, and participation in IEP meetings Child ability to use technology and the potential need for significant oversight/supervision for some students 	

⁴ Telehealth involves the use of telecommunications, including interactive video conferencing and store-and-forward transmissions, to deliver a variety of health care and other services to students within a Maryland school

⁵ Teletherapy is the application of telecommunications technology to delivery of professional services at a distance and is intended to include both non-medical therapeutic services (e.g., mental health counseling, psychoeducational assessments) and non-clinical services (e.g. occupational therapy, speech therapy, etc.).

A. Engagement: Building awareness about the value of telehealth¹/teletherapy¹ services

Table 2

Telehealth for SBHC services	
BENEFITS <i>Students</i> <ul style="list-style-type: none"> Increased access to health care services particularly in high need areas with provider shortages Decreased absenteeism Enhanced health literacy Opportunity to learn about an alternative health access points <i>Parents/guardians</i> <ul style="list-style-type: none"> Expanded access to health care services for children Ability for child to be treated at school, thereby reducing time off of work Reduced travel costs to school/provider <i>Schools or school districts</i> <ul style="list-style-type: none"> Minimizes student absenteeism 	BARRIERS & CHALLENGES <i>Students</i> <ul style="list-style-type: none"> Discomfort with telehealth Concerns with potential disruption to the pediatric medical home Addressing confidentiality concerns <i>Parents/guardians</i> <ul style="list-style-type: none"> Changing perception regarding parents desire for their child to see their own pediatrician* Addressing confidentiality concerns Addressing issues regarding a treatment relationship with telehealth providers <i>Schools or school districts</i> <ul style="list-style-type: none"> Appropriately targeting awareness building campaigns to decision makers Addressing privacy and security concerns Appropriately targeting awareness building activities for partents/guardians by sociodemographics
SOLUTIONS <i>Students</i> <ul style="list-style-type: none"> Educate students about the process and benefits of telehealth services, including live demonstrations of the technology Develop a process to provide relevant information to the child's pediatrician regarding the encounter Engage community-based pediatricians Provide opportunities to try and test use of new technology in health care delivery <i>Parents/guardians</i> <ul style="list-style-type: none"> Educate parents about the benefits of using telehealth to connect their children to the services they need, including live demonstrations of the technology Connect the child to their pediatrician via telehealth <i>Schools or school districts</i> <ul style="list-style-type: none"> An education ROI model that focuses on student impact of telehealth Provide information on success stories of schools that have implemented telehealth Create learning community of community providers, hospitals, FQHCs, local health departments, etc. to share best practices and best communication strategies 	
PARKING LOT <ul style="list-style-type: none"> Methods to increase awareness to students could include: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. 	

A. Engagement: Building awareness about the value of telehealth¹/teletherapy¹ services

- Including enrollment packets in school mailings and making it part of new student registrations
- Convenience
- Cost
- Broadband/Internet access
- Concerns about sick/contagious children in school
- Discomfort with Telehealth

B. Financial and Sustainability: Funding to support telehealth/teletherapy service implementation and ongoing program maintenance

Table 3

Establishing adequate funding sources to implement teletherapy services - SES	
BENEFITS <i>State grants</i> <ul style="list-style-type: none"> Ability to have greater input into program design (e.g., equipment purchases, services, staffing, etc.) Allows for testing of various use cases/projects to determine effectiveness Assist with the development of more programs <i>Schools or school district funds</i> <ul style="list-style-type: none"> Control how funds are distributed across the school district <i>Third Party Payers/Medicaid</i> <ul style="list-style-type: none"> 	BARRIERS & CHALLENGES <i>State grants</i> <ul style="list-style-type: none"> Grant requirements and oversight may be viewed as burdensome on grantees Grant awards based on a competitive approach – limited awards Budget cuts and changes in administration <i>Schools or school district funds</i> <ul style="list-style-type: none"> School districts budgets may be determined up to a year in advance* Competing funding priorities at the district-level <i>Third Party Payers/Medicaid</i> <ul style="list-style-type: none"> Teletherapy for IEP services is not an approved service for reimbursement under current Medicaid rules Reimbursement can provide funds to sustain an established program, but not sufficient to launch a new program
SOLUTIONS <i>State grants</i> <ul style="list-style-type: none"> Focus funding on districts with IEP related service provider shortages State grants from General Funds to provide teletherapy services Allow non governmental organization to manage the grant distribution <i>Schools or school districts funds</i> <ul style="list-style-type: none"> Allocated funds for teletherapy at the district-level <i>Third Party Payers/Medicaid</i> <ul style="list-style-type: none"> Expand coverage for reimbursement of IEP services delivered through teletherapy 	
PARKING LOT <ul style="list-style-type: none"> Legislative involvement – potential funding Buy-in from state agencies Technical assistance Lack of expertise in health systems IDEA Funding 	

B. Financial and Sustainability: Funding to support telehealth/teletherapy service implementation and ongoing program maintenance

Table 4

Establishing adequate funding sources to implement telehealth services - SBHC	
BENEFITS <i>State</i> <ul style="list-style-type: none"> Ability to have greater input into the program design (e.g., equipment purchases, services, staffing, etc.) Allows for testing of various use cases/projects to determine effectiveness <i>School district</i> <ul style="list-style-type: none"> Control of how the funds are used and distributed across the school district <i>Third Party Payers/Medicaid</i> <ul style="list-style-type: none"> Less costly to treat students in the school setting as opposed to an urgent care setting or emergency department 	BARRIERS & CHALLENGES <i>State</i> <ul style="list-style-type: none"> Grant requirements and oversight may be viewed as burdensome on grantees Grant awards based on a competitive approach <i>School district</i> <ul style="list-style-type: none"> School districts budgets may be determined up to a year in advance* Competing funding priorities at the district-level Available resources to consider alternative care delivery models <i>Third Party Payers/Medicaid</i> <ul style="list-style-type: none"> Medicaid requirements for telehealth reimbursement, including distant and originating provider enrollment in the Medicaid Telehealth Program Reimbursement can provide funds to sustain an established program, but does not provide funding for investment costs Certain services are not covered by Medicaid
SOLUTIONS <i>State</i> <ul style="list-style-type: none"> Fund programs based on the needs of the student population in select school districts State grants from General Funds increased to provide telehealth services <i>Schools or school districts</i> <ul style="list-style-type: none"> Allocated funds for telehealth at the district-level Increased flexibility in developing innovative care delivery models under the direct supervision of a health care provider Allocate funding to schools with high-absenteeism Build partnerships with health care providers and organizations, and local health departments to decrease up front costs <i>Third Party Payers/Medicaid</i> <ul style="list-style-type: none"> Modify Medicaid regulations/policies Increase reimbursement from non-government payers for telehealth services 	
PARKING LOT <ul style="list-style-type: none"> Legislative involvement – potential funding 	

B. Financial and Sustainability: Funding to support telehealth/teletherapy service implementation and ongoing program maintenance

Table 5

Establishing adequate funding sources to implement telehealth services – SHS	
BENEFITS <i>State grants</i> <ul style="list-style-type: none"> Can regulate program standards (e.g., equipment purchases, services, staffing, etc.) Allows for testing of various use cases/projects to determine effectiveness <i>Schools or school district funds</i> <ul style="list-style-type: none"> Control how funds are used and distributed across the school district Increased access to care allowing students to remain in school/return to school more quickly <i>Third Party Payers/Medicaid</i> <ul style="list-style-type: none"> Treat students more quickly and possibly at lower cost in the school setting as opposed to an urgent care setting or emergency department 	BARRIERS & CHALLENGES <i>State grants</i> <ul style="list-style-type: none"> Grant requirements and oversight may be viewed as burdensome on grantees Grant awards based on a competitive approach <i>Schools or school district funds</i> <ul style="list-style-type: none"> School districts budgets may be determined up to a year in advance* Competing funding priorities at the district-level Available resources to consider alternative care delivery models <i>Third Party Payers/Medicaid</i> <ul style="list-style-type: none"> Medicaid reimbursement for the distant site, no fee for the telehealth transmission. Existing telehealth payment rate from third party payers
SOLUTIONS <i>State grants</i> <ul style="list-style-type: none"> Access to greater telehealth investment funds through legislation <i>Schools or school districts funds</i> <ul style="list-style-type: none"> Enabling policy that fosters telehealth SHS Allocated funds for telehealth at the district-level Increased flexibility in developing innovative care delivery models not under the direct supervision of a health care provider <i>Third Party Payers/Medicaid</i> <ul style="list-style-type: none"> Modify Medicaid regulations/policies Increase reimbursement from non-government payers for telehealth services 	
PARKING LOT <ul style="list-style-type: none"> Legislative involvement – potential funding 	

B. Financial and Sustainability: Funding to support telehealth/teletherapy service implementation and ongoing program maintenance

Table 6

Establishing a sustainable teletherapy program - SES	
BENEFITS <i>State</i> <ul style="list-style-type: none"> Reduces the need for grant funds <i>Schools or school districts</i> <ul style="list-style-type: none"> Eliminates need for money to be re-allocated from other sources (e.g., physical education) to meet federal and state mandates to provide SES 	BARRIERS & CHALLENGES <i>State</i> <ul style="list-style-type: none"> Teletherapy for IEP services is not eligible for reimbursement under current Medicaid rules <i>Schools or school districts</i> <ul style="list-style-type: none"> IEP services are not billable to commercial insurers Limited funding sources for teletherapy programs Designated office/individual tasked with fund raising
SOLUTIONS <i>State</i> <ul style="list-style-type: none"> Modify Medicaid regulations/policies to require reimbursement of teletherapy services <i>Schools or school districts</i> <ul style="list-style-type: none"> Establish allocated funding minimums for teletherapy at the district-level An annual community-based fund raising campaign 	
PARKING LOT <ul style="list-style-type: none"> Limited budgets of school districts 	

B. Financial and Sustainability: Funding to support telehealth/teletherapy service implementation and ongoing program maintenance

Table 7

Establishing a sustainable telehealth program - SBHC	
BENEFITS <i>State</i> <ul style="list-style-type: none"> Reduces the need for grant funds <i>Schools or school districts</i> <ul style="list-style-type: none"> Increased access to care allowing students to remain in school/return to class more quickly 	BARRIERS & CHALLENGES <i>State</i> <ul style="list-style-type: none"> Medicaid requirements for telehealth reimbursement, including distant and originating provider enrollment in the Medicaid Telehealth Program <i>Schools or school districts</i> <ul style="list-style-type: none"> Competing funding priorities at the district-level Designated office/individual tasked with fund raising
SOLUTIONS <i>State</i> <ul style="list-style-type: none"> Modify Medicaid regulations/policies to increase reimbursement of telehealth Medicaid telehealth shared savings program A modest annual subscription charge to families for students to receive teletherapy services throughout the year (modeled after the participation fees in Maryland school athletics) <i>Schools or school districts</i> <ul style="list-style-type: none"> Establish allocated funding minimums for telehealth at the district-level An annual community-based fund raising campaign 	
PARKING LOT <ul style="list-style-type: none"> Limited budgets of school districts Current policies/requirements regarding telehealth in schools Growth of available programs Limitations in reimbursement policies 	

B. Financial and Sustainability: Funding to support telehealth/teletherapy service implementation and ongoing program maintenance

Table 8

Establishing a sustainable telehealth program – SHS	
BENEFITS <i>State</i> Reduces the need for grant funds <i>Schools or school districts</i> <ul style="list-style-type: none"> Increased access to care allowing students to remain in school/return to school more quickly <i>Schools or school districts</i> <ul style="list-style-type: none"> Increased access to care allowing students to remain in school/return to class more quickly 	BARRIERS & CHALLENGES <i>State</i> <ul style="list-style-type: none"> SHS suites are not eligible originating sites under current Medicaid telehealth reimbursement rules (i.e., no telehealth transmission fee) Policies for use of telehealth in a SHS suite do not exist <i>Schools or school districts</i> <ul style="list-style-type: none"> Competing funding priorities at the district-level Non-government payers do not reimburse for services delivered at a SHS suite Designated office/individual tasked with fund raising
SOLUTIONS <i>State</i> <ul style="list-style-type: none"> Modify Medicaid regulations/policies to include originating site transmission fee View telehealth as an extension of care by a licensed provider – focus policy development on promoting its use <i>Schools or school districts</i> <ul style="list-style-type: none"> A modest annual subscription charge to families for students to receive teletherapy services throughout the year (modeled after the participation fees in Maryland school athletics) Establish allocated funding minimums for telehealth in school health services View telehealth as an extension of care by a licensed provider – focus policies on promoting its use 	
PARKING LOT	

B. Financial and Sustainability: Funding to support telehealth/teletherapy service implementation and ongoing program maintenance

Table 9

Existing Medicaid and private payor teletherapy reimbursement models - SES	
BENEFITS <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> • 	BARRIERS & CHALLENGES <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> • 	
Parking Lot	

Table 10

Existing Medicaid and private payor telehealth reimbursement models - SBHC	
BENEFITS <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> • 	BARRIERS & CHALLENGES <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> • 	
PARKING LOT	

Resources

1. NCBI. *Patient preferences for direct-to-consumer telemedicine services: a nationwide survey*, November 2017. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5704580/>.
2. NCBI. *Realizing the Promise of Telehealth for Children with Special Health Care Needs*, August 2015. Available at: https://www.lpfch.org/sites/default/files/field/publications/realizing_the_promise_of_telehealth.pdf.
3. mHealth Intelligence, *Factors Behind the Adoption of School-based Telehealth*. Available at: <https://mhealthintelligence.com/features/factors-behind-the-adoption-of-school-based-telehealth>