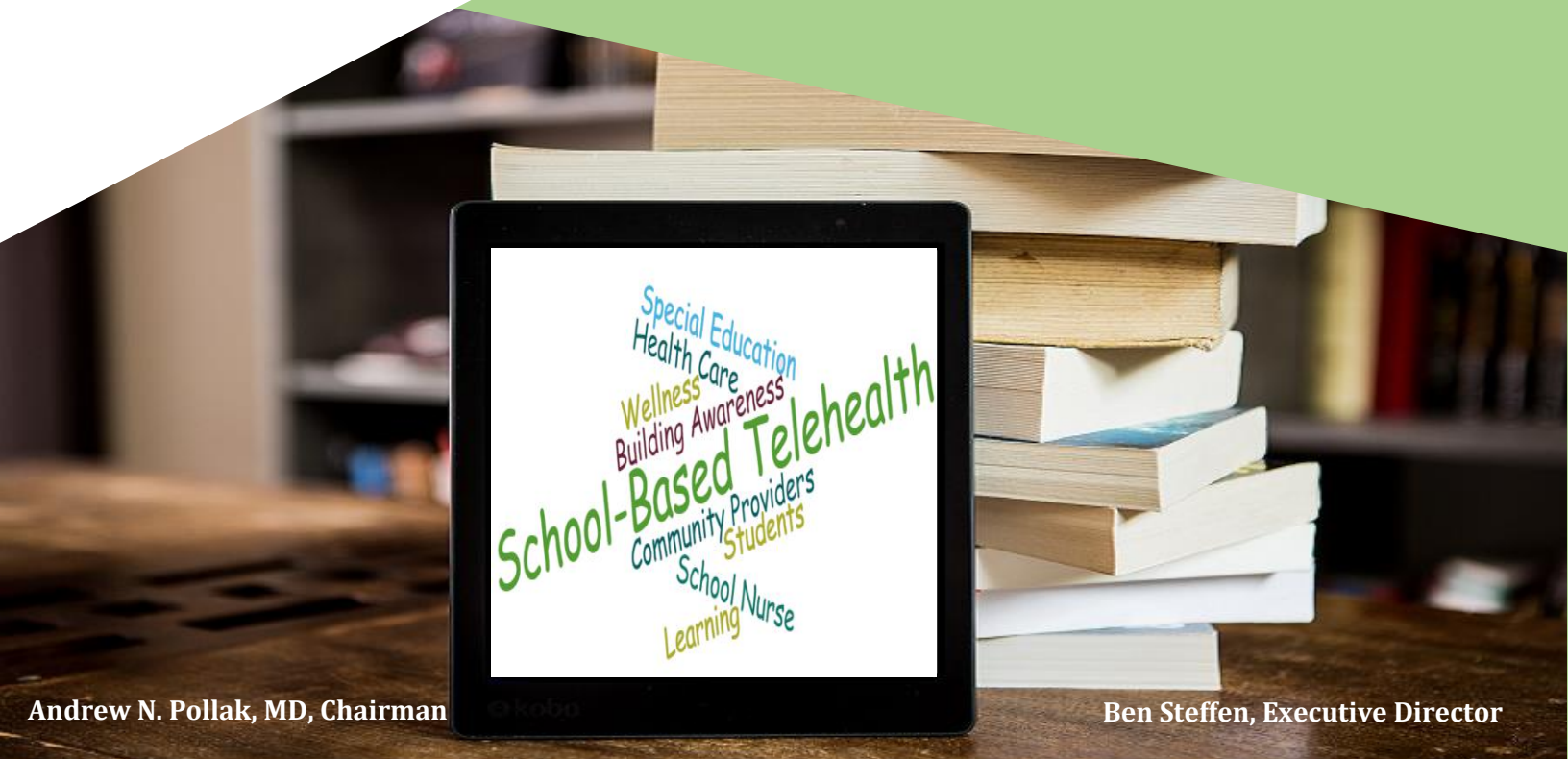
MARYLAND HEALTH CARE COMMISSION

School-Based Telehealth

Final Report

October 2019



Andrew N. Pollak, MD, Chairman

Ben Steffen, Executive Director

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MARYLAND
HEALTH CARE
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School-Based Telehealth: The MHCC Perspective

The Maryland Health Care Commission (MHCC or Commission) is pleased to submit this final report to the Senate Finance Committee (or Committee). The report includes recommendations for advancing telehealth in Maryland primary and secondary schools (schools). The MHCC convened a school-based telehealth workgroup (workgroup) at the Committee's request (March 2018). Over a 15-month timeframe, the workgroup considered policy challenges that limit telehealth adoption in schools under the existing regulatory oversight framework within the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH).

The Commission believes the workgroup's recommendations provide a starting point to address fundamental challenges as it relates to diffusing telehealth in schools. More work is needed to foster substantive policy changes that enable telehealth in schools to be integrated into the standard of care. The method of providing health care in schools can benefit greatly from telehealth. With over 870,000 students in the State, resource constraints often limit schools' ability to provide somatic, behavioral health, and special education program related services. Greater reliance on telehealth can help resolve this challenge and improve access to care, which is interdependent with educational outcomes.

The Commission recommends the Committee consider legislation that calls for MSDE, in consultation with MDH, to develop a five-year telehealth innovation strategy plan (plan). The plan should articulate a practical approach to implementing telehealth technology in all schools to address needs for somatic, behavioral health, and special education program related services. Promoting the physical and emotional well-being of children is essential to cultivating and sustaining safe and healthy learning environments. The plan should be innovative and support the core principles of the medical home, and include access to health information through the State Designated Health Information Exchange, the Chesapeake Regional Information System for our Patients (CRISP).

The Committee requested the Commission consider funding small telehealth pilot programs. In early 2019, MHCC awarded an 18-month telehealth grant to Charles County Public Schools (CCPS) to increase access to special education program related services. CCPS reports favorably on the use of telehealth and its acceptance by staff, students, and parents/guardians. CCPS is exploring options to sustain and advance their efforts and accomplishments at the conclusion of the grant (July 2020). The Commission views a permanent funding source as critical to advancing telehealth in schools.

The Commission acknowledges the great potential for telehealth to complement and expand schools' capacity to meet the growing health care needs of students. The Commission appreciates the contribution by stakeholders that led to the recommendations in this report. The recommendations are a first step toward advancing telehealth in Maryland schools.

Background

In March 2018, the Committee expressed a need to assess policies in the State governing telehealth[1] in primary and secondary schools. The Committee requested MHCC convene a workgroup. The workgroup was charged with identifying deficiencies in existing policies that limit diffusion of telehealth in schools, and developing recommendations – statutory, regulatory, or technical – to improve these policies. The MHCC submitted a *School-Based Telehealth Interim Report* to the Committee in January 2019;[2] the final report is due by November 2019.

About this Report

This report includes recommendations intended to advance use of telehealth in Maryland schools. The recommendations center on awareness building, privacy and security, oversight and innovation, and funding. Recommendations are a culmination of workgroup deliberations on select policy matters between May 2018 and August 2019. Shared goals, priorities, and unique perspectives among workgroup participants informed an iterative approach to developing the recommendations. The recommendations provide a pathway for diffusing telehealth under the existing regulatory oversight framework within MSDE and MDH. Included in this report is information on the value proposition of telehealth in schools and the current landscape, including industry trends.

For purposes of this report, references of "school-based telehealth" or "telehealth in schools" encompass school-based health centers (SBHCs), school health services (SHS), and special education program (IEP)[3] related services.[4, 5] Unique policies, procedures, standards, and guidelines exist for each. Approaches for diffusing telehealth, including implementation tactics and how the technology can support care delivery vary among SBHCs, SHS, and special education program related services.

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[1] Telehealth is the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a location other than the location of the patient. Telehealth does not include: an audio–only telephone conversation between a health care provider and a patient; an electronic mail message between a health care provider and a patient; or a facsimile transmission between a health care provider and a patient.

[2] The interim report includes information about the approach taken to assemble the workgroup and convene meetings; the landscape of school-based telehealth programs in Maryland and the nation; and an MHCC school-based telehealth grant awarded in January 2019. A copy of the report is available here: mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/SBTele/SBT_Interim_Report_Final.pdf.

[3] The Individuals with Disabilities Education Act (IDEA) requires an individualized education program (IEP) be developed if a child is determined to have a disability that requires specialized instruction. An IEP is a written document and process outlining the who, what, when, why, where, and how of instruction and related services that are to be provided to a student with disabilities. More information available at: www.marylandpublicschools.org/programs/Documents/Special-Ed/FSS/BuildingIEPswithMDFamiliesMar2018.pdf.

[4] Related services (IDEA, Sec. 300.34) means services required to assist a student with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, among other things.

[5] School-based telehealth or telehealth in schools are phrases associated with its use in SBHCs. Reference to these phrases was expanded to include SHS and IEP related services in the report.

Limitations

The workgroup did not have sufficient time to address all policy challenges associated with implementing telehealth in schools,[6] and focused mainly on items that could be easily achieved. The recommendations reflect a consensus-oriented process where gradients of agreement among the workgroup exist. Workgroup viewpoints are not necessarily the position of a stakeholder group. A financial analysis was not completed due to variation in approaches to providing telehealth in schools.[7]

Framing the Value of Telehealth

Telehealth enables innovative ways for delivering care.[8] It is a tool that supplements existing care delivery models and holds great promise for addressing some of the most challenging problems – access to care, cost effective delivery, and provider shortages.[9, 10, 11] Use of school-based telehealth can improve health quality and academic performance by expanding access to primary and acute care, chronic disease management, behavioral health, and therapy services.[12, 13] Telehealth has been found to help treat complex conditions and keep chronically ill children in school. Schools using telehealth have demonstrated its value in decreasing absenteeism and relieving stress for parents/guardians who no longer have to leave work to take their child to a medical appointment or an urgent care center.[14] Growing evidence supports opportunities for telehealth to avert emergency room visits and reduce health care costs.[15, 16]

School districts are challenged by limited funding that prevents them from putting a nurse on-site at every school. Schools that are fortunate to have a full-time nurse can be overwhelmed by a variety of issues, from complex emotional and behavioral health cases to children with multiple

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[6] The workgroup unanimously agreed that funding is a barrier to telehealth diffusion and requires legislative action to resolve.
[7] Estimated costs: Approximately $580K to implement a SBHC (www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1234), telehealth technology investment cost around $10K (www.amdtelemedicine.com/blog/article/i-want-do-telemedicine-what-involved-and-how-much-does-it-cost), and about $250K annual SBHC maintenance; SHS nurse salary – about $55K annually, service can span multiple schools (www.salary.com/research/salary/benchmark/school-nurse-salary/md); teletherapy estimated cost based on a MHCC teletherapy grantee – around $180K in year one and $163K annually in subsequent years.
[8] America's Health Insurance Plans, *Right Care, Right Place, Right Time with Telehealth*, March 2018. Available at: www.ahip.org/right-care-right-place-right-time-with-telehealth/.
[9] Olive Wyman Health, *Unlocking the Value of Telehealth*, March 2017. Available at: health.oliverwyman.com/2017/03/unlocking_the_value.html
[10] HealthLeaders, *4 Ways Telemedicine is Changing Healthcare*, August 28, 2019. Available at: www.healthleadersmedia.com/innovation/4-ways-telemedicine-changing-healthcare.
[11] California Telehealth Resource Center, Why are Telemedicine and Telehealth so Important in Our Healthcare System? Available at: www.caltrc.org/telehealth/why-are-telemedicine-and-telehealth-so-important-in-our-healthcare-system/.
[12] Reynolds, C. A., & Maughan, E. D. (2015). Telehealth in the School Setting: An Integrative Review. The Journal of School Nursing, 31(1), 44–53. doi.org/10.1177/1059840514540534.
[13] mHealth Intelligence, *Factors Behind the Adoption of School-based Telehealth*, November 21, 2016. Available at: mhealthintelligence.com/features/factors-behind-the-adoption-of-school-based-telehealth.
[14] Benefits reported by Cook Children's, one of the largest freestanding children's health care systems in the southwest. More information available at: cookchildrens.org/virtual-medicine/school-based-telemedicine/Pages/default.aspx.
[15] Sanchez, D., Reiner, J. F., Sadlon, R., Price, O. A., & Long, M. W. (2019). Systematic Review of School Telehealth Evaluations. The Journal of School Nursing, 35(1), 61–76. https://doi.org/10.1177/1059840518817870
[16] A study of the Health-e-Access program in Rochester, New York, a program that provides health care through telehealth in child care and elementary school settings, found that 28 percent of all visits to the pediatric emergency department could be avoided with better use of primary care through telehealth. More information available at: www.childrenspartnership.org/wp-content/uploads/2019/03/School-Based-Telehealth-An-Innovative-Approach-to-Meet-the-Health-Care-Needs-of-Californias-Children.pdf.

chronic conditions.[17] A telehealth visit initiated by a school nurse or other appropriately trained school staff can address about 90 percent of what is seen in a general pediatric clinic.[18] Telehealth technology is widely available and relatively low cost. A laptop computer or mobile device with a microphone and webcam (many of which are built-in these devices), along with a secure broadband Internet connection are some of the basic technical requirements for telehealth. Many school-based telehealth initiatives rely on State or federal grants, which poses sustainability challenges as grant funding is difficult to obtain and seldom permanent.

Current Landscape

Maryland's 24 jurisdictions are comprised of 1,475 primary and secondary schools with over 870,000 students.[19] All schools provide equity-based health services to students. School districts are required to provide SHS and special education program related services. Some schools leverage the assistance of local health departments (LHD) for providing SHS.[20] Programs for SHS focus on individual interventions, prevention of disease, and promotion of health utilizing health services, health counseling, and health education.[21] Special education program related services ensure students with disabilities are provided a free and appropriate education. Students that fall into this category receive an IEP, which is a written statement of the educational program designed to meet a student's individual needs. Related services help a student benefit from the specialized instruction and may include services such as occupational therapy and speech-language therapy.

Schools are not required to have a SBHC located in the school or on the school campus. SBHCs offer comprehensive preventive and primary health services; services may also include behavioral health, oral health, and other health support services. SBHCs are typically located in high-risk, medically underserved communities, and often provide students an entry point for primary care. At a minimum, a SBHC must have a licensed medical provider and administrative support staff.[22] Approximately 84 SBHCs are located in 12 Maryland jurisdictions.[23] SBHCs are sponsored by a LHD or Federally Qualified Health Center; some serve more than one school. As of 2016, about 34,000, or 3.9 percent of students in the State were enrolled in SBHCs; more than 50,000 visits occurred annually (32,000 for somatic care and 18,000 for behavioral health

[17] See n. 13, *Supra.*
[18] Cited by Richard Lampe, Chairman of the Department of Pediatrics at Texas Tech University Health Care Center, which has run a school telehealth program for more than a decade. More information available at: mhealthintelligence.com/features/factors-behind-the-adoption-of-school-based-telehealth.
[19] Maryland Department of Education (2018). More information available at: planning.maryland.gov/MSDC/Documents/school_enrollment/school_2019/Table3.pdf
[20] Either local school systems or local health departments manage SHS programs. More information available at: marylandpublicschools.org/about/Pages/DSFSS/SSSP/SHS/index.aspx.
[21] *Ibid.*
[22] Other clinical support staff may include a RN, LPN, or CNA. More information available at: marylandpublicschools.org/about/Documents/DSFSS/SSSP/SBHC/MarylandSBHCStandards.pdf.
[23] Maryland State Department of Education 2018 data.

services).[24] SBHC must minimally meet 25 establishment and maintenance standards and an additional 17 criteria to implement telehealth.[25, 26]

Key Themes and Recommendations

Approach

The workgroup included diverse stakeholders[27] and consisted of 71 participants with varying interests as it relates to advancing school-based telehealth. On the whole, about 30 participants stayed actively engaged throughout the study.[28] Meeting information and materials were made available to the public on MHCC's website.[29, 30] Key themes that emerged from workgroup deliberations guided development of the recommendations.[31] A Draft Recommendations Subgroup (subgroup)[32] convened in January 2019 to develop informal draft recommendations; all stakeholders were invited to participate. The subgroup identified potential recommendations from workgroup deliberations. Draft recommendations were reviewed iteratively by the workgroup. The final draft recommendations and possible next steps were discussed by the workgroup in August 2019;[33] only minor changes were made based on participant feedback.

Summary

The workgroup views telehealth as an innovative technology meant to complement, not replace, traditional in-person health care. The MSDE and MDH convene program policy workgroups and stakeholder advisory groups (some are mandated) to discuss policy issues and formulate solutions to the challenges. The workgroup supports expanding policy discussions among these groups as it relates to use of telehealth in schools as a service delivery mechanism. These discussions may require inclusion of diverse subject matter experts, such as those in the field of telehealth.

Budget limitations are a significant impediment to diffusing telehealth in schools; adoption will remain slow absent funding to support implementation. The workgroup recommends establishing a grant fund available to schools districts that implement telehealth to foster growth and help offset the costs of telehealth.

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[24] Data based on the 2015-2016 school year. More information available at: masbhc.org/what-is-school-based-health/maryland-sbhcs/.
[25] MSDE, Maryland *School-Based Health Center Standards*. Available at: marylandpublicschools.org/about/Documents/DSFSS/SSSP/SBHC/MarylandSBHCStandards.pdf.
[26] MSDE, *Initial Checklist for the Delivery of Telehealth Services in School-Based Health Centers*, September 2014. Available at: marylandpublicschools.org/about/Documents/DSFSS/SSSP/SBHC/MYSARFY2018/TelehealthCheckList.pdf.
[27] Included representation from State agencies, local boards of education, local health departments, schools, payors, and health care providers. See Appendix A for the Workgroup Roster.
[28] The level of engagement varied from basic participation (offered ideas when asked) to full participation (offered unsolicited input).
[29] Workgroup web page: mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_school_based_telehealth.aspx.
[30] See Appendix B for copies of meeting summaries.
[31] Information gathering tables identified benefits, barriers/challenges, and potential solutions, and supported an objective approach to the discussion. See Appendix C for the tables working document.
[32] See Appendix A for the Workgroup Roster that notes subgroup participants with an asterisk (*).
[33] See Appendix C for the working document from this meeting.

Recommendations by Category

1. Increasing Awareness

Key Themes

A. Knowledge about the value of telehealth in schools fosters acceptance among students, parents/guardians, school administrators, and community providers

B. Strategies to communicate and develop messages regarding telehealth in schools need to be culturally and linguistically appropriate

C. Telehealth champions working collaboratively with community providers are essential to promoting diffusion of telehealth in schools

D. Awareness building activities should focus on telehealth in schools as a practical alternative (as needed and medically appropriate) to in-person care

Recommendation

Leverage telehealth champions from communities, such as parents/guardians, providers, teachers, and school administrators to promote awareness and build partnerships to advance telehealth in schools.

Discussion

Telehealth in schools can enable access to care for a wide range of health care and special education program related services. Advancing telehealth in schools requires engaging community partners. The role of a telehealth champion is critical to building stakeholder confidence and consensus for use of telehealth in schools. The workgroup agrees that personal stories from telehealth champions throughout the community can help foster trust in using technology in care delivery. Language and cultural barriers present challenges for increasing awareness. The workgroup considers the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care,* issued by the Office of Minority Health at the U.S. Department of Health and Human Services, as an appropriate framework to guide messaging.[34]

2. Privacy and Security

Key Themes

A. The Health Insurance Portability and Accountability Act of 1996 (HIPAA)[35] as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act[36]

[34] *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* aim to advance health equity, improve quality, and eliminate health care disparities. More information available at: www.thinkculturalhealth.hhs.gov/clas/standards.
[35] Pub.L. 104–191, 110 Stat. 1936(1996).
[36] Enacted as part of the American Recovery and Reinvestment Act of 2009 (Pub.L 111-5).

in 2009, and the Family Educational Rights and Privacy Act of 1974 (FERPA)[37] include adequate privacy and security protections for telehealth in schools[38]

B. The American Telemedicine Association's (ATA) *Core Operational Guidelines for Telehealth Services* include appropriate technical standards[39] for privacy and security, among other things[40]

Recommendation

Rely on federal privacy laws (HIPAA and FERPA) to protect student privacy; require schools to implement telehealth technology consistent with ATA technical standards.

Discussion

HIPAA, as amended by HITECH, and FERPA provide privacy protections of a student's health record for telehealth in schools.[41, 42] ATA technical standards bolster privacy and security for telehealth, including technical quality and reliability of telehealth encounters; these standards are periodically updated by ATA. The workgroup agrees that federal privacy protections and ATA technical standards are sufficient protections for students receiving health care and special education program related services via telehealth.

3. Policy Development – Oversight and Innovation

A. Oversight

Key Themes

A. SBHCs, SHS, and special education program related services require unique policies for telehealth

B. Diverse stakeholders and participants from MSDE and MDH are needed to develop policies governing telehealth in schools

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[37] FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

[38] Schools are subject to HIPAA if a provider engages in activities to transmit health care information electronically in connection with certain administrative and financial transactions (covered transactions) outlined in 45 CFR § 160.102 (e.g., billing). FERPA applies to any information that is maintained in student education records, including school health records, by a school/school district that receives funds under any program administered by the U.S. Department of Education. More information available at: www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf.

[39] American Telemedicine Association, *Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions*, May 2014. Available at: www.uwyo.edu/wind/_files/docs/wytn-doc/toolkit-docs/ata_core_provider.pdf.

[40] ATA guidelines also include standards for communication, devices and equipment, and connectivity for real-time telehealth encounters. These standards are the result of accumulated knowledge and expertise of ATA workgroups and other leading experts in telehealth. Certain technical aspects may vary among schools based on location, resources, and telehealth use cases.

[41] HIPAA and FERPA are designed to protect students' information and prevent anyone without authorization from accessing the information. There is some intersection between these two federal laws and some exceptions. For more information, refer to The U.S. Department of Education's *Joint Guidance on the Application of the FERPA and HIPAA to Student Health Records*: www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf.

[42] FERPA and HIPAA privacy protections for student education records have created confusion for public health efforts. More information available at: www.astho.org/programs/preparedness/public-health-emergency-law/public-health-and-schools-toolkit/comparison-of-ferpa-and-hipaa-privacy-rule/.

C. Program standards for telehealth in schools must be agile and complement nationally recognized standards of care for the use of telehealth technology

Recommendation

Leverage existing advisory groups with established programmatic responsibilities for SBHCs, SHS, and special education program related services to recommend policies for school-based telehealth.

Discussion

Existing advisory groups, such as the Maryland State School Health Council,[43] the Maryland Council on Advancement of School–Based Health Centers (CASBHC),[44] and the School Health Services Practice Issues Committee, have processes for developing policies, guidelines, and standards for SBHCs, SHS, and special education program related services, some of which are required by State mandates. These advisory groups, with the addition of select subject matter experts (ad hoc), are well-suited to develop policies to incorporate telehealth as an aspect of existing programs. The unique characteristics and associated challenges pertaining to SBHCs, SHS, and special education program related services make it impractical to centralize policy development for telehealth in schools. The workgroup recognizes that stakeholder engagement is essential to ensuring policy is developed in a transparent manner and representative of all constituencies, including special education, somatic, and mental health care providers. The workgroup suggests that advisory groups assess their existing stakeholder involvement strategies, and seek opportunities to maximize engagement when formulating school telehealth policies.

B. Innovation

Key Themes

A. Policies need to inspire creative approaches to diffusing telehealth in schools and fostering continuity of care

B. Timely development of policies is necessary to support continuous innovation

C. School telehealth pilots should be encouraged and supported more broadly across the State through supportive and nimble policy and program development processes

Recommendation

Advance development of policies to support implementation of innovative approaches and meaningful use of telehealth in schools.

[43] The mission of the Maryland State School Health Council is to promote coordinated school health programs by providing leadership and support to local school health councils and State and local agencies. More information available at: msshc.wordpress.com/.
[44] Maryland law established the CASBHC in 2015 to improve the health and educational outcomes of students who receive services from SBHCs through integration with health care and education systems at the State and local levels. See House Bill 375, *Education – Maryland Council on Advancement of School–Based Health Centers*: mgaleg.maryland.gov/2015RS/chapters_noln/Ch_417_hb0375E.pdf.

Discussion

Telehealth can augment how schools deliver care to students for health and special education program related services. The workgroup aspires for a future state where telehealth in schools can be widely implemented. Flexible policies that foster innovation are essential to achieving this future state. Policies need to support rapidly evolving technology, which can outpace existing policies and legal requirements. The policy framework needs to focus on high-level direction that ensures practical, safe, and equitable telehealth encounters, continuity of care with a student's medical home, and privacy and security of student health information. Many on the workgroup acknowledge the systematic approach and time commitment involved in policy development. The workgroup agrees that a nimble policy framework is necessary to support an evolving process, foster innovation, and maximize the value of telehealth in schools.

4. Funding

Key Themes

A. Telehealth adoption requires a financial investment by schools, community providers, and others

B. Cost to implement telehealth in schools vary by school district

C. Financial incentives are needed to encourage school districts and community providers to invest in telehealth

D. Limitations in Medicaid and private payor reimbursement challenge sustainability of telehealth in schools

Recommendation

Establish a grant fund available to school districts that implement telehealth in SBHCs, SHS, or special education program related services.

Discussion

The workgroup considered payor reimbursement (public and private) and a grant fund as options to support implementation of telehealth in schools. Expanding reimbursement by third party payors is viewed favorably among some on the workgroup; however, it requires a State mandate. The workgroup noted several concerns with this approach. Private payors often pass costs of a State mandate to employers, who pass these costs onto consumers. The self-insured market, which accounts for nearly 52 percent of commercially insured lives in Maryland , is not subject to State mandates.[45, 46] Medicaid is the main payor for school-based health care

[45]Maryland Insurance Administration, *2018 Report on The Number of Insured and Self-Insured Lives*, December 2018. Available at: insurance.maryland.gov/Consumer/Appeals%20and%20Grievances%20Reports/2018-Report-on-the-Number-of-Insured-and-Self-Insured-Lives-MSAR7797.pdf.

[46] Employee Retirement Income Security Act of 1975 (ERISA), 29 U.S. Code § 1003(b). Available at: legcounsel.house.gov/Comps/Employee%20Retirement%20Income%20Security%20Act%20Of%201974.pdf.

(delivered within SBHCs) and special education program related services, and would assume most of the cost imposed by a State mandate. Contract negotiations with Medicaid Managed Care Organizations would be required. It is unlikely the federal government would approve matching Federal Financial Participation (FFP)[47] funds for an enhanced rate resulting in use of State-only dollars (general funds).

A more plausible option is to establish an independent five-year grant fund (approximately $10M)[48] separate from other funding sources to supplement telehealth costs in schools. The grant fund could be derived from more than one source to support the purchase of telehealth equipment, its integration with electronic systems (e.g., the school electronic health record), and other activities related to implementation and training. The grant fund is not intended to replace or conflict with existing State mandates or policy that pertain to SBHC, SHS, and special education program related services. Most on the workgroup agree that grants should be competitively awarded with the funding amount determined based on the specificity of the approach (e.g., target audience, scope of work, etc.) and reasonableness (e.g., needs assessment) for telehealth as demonstrated in a school district's application. A collaborative approach among MHCC, MSDE, and MDH was suggested to guide development of funding parameters and processes.

Acknowledgments

The MHCC commends stakeholders that served on the workgroup and contributed to the preparation of this report. Support for this study was provided by the Hilltop Institute at The University of Maryland Baltimore County.

[47] FFP is a percentage of State expenditures to be reimbursed by the federal government for administrative and program costs of the Medicaid program.
[48] The duration and amount represents the minimum funding commitment that is required to support rapid diffusion of telehealth in schools. An in-depth financial analysis was not completed.

Appendix A: Roster

School-Based Telehealth Workgroup Roster *(As of January 2019)*		
#	**Name**	**Organization**
1	Alicia Mezu*	Maryland State Department of Education, Student Services and Strategic Planning Branch
2	Alyssa Brown	Maryland Department of Health, Planning Administration, Office of Health Care Financing
3	Angela Mezzomo	Maryland Speech-Language-Hearing Association
4	Arlene Tyler	Baltimore Medical Systems
5	Benjamin Wolff*	Maryland Department of Health, Office of Health Service
6	Bernard Benassa	Dictum Health
7	Carmen Brown	Maryland State Department of Education, Division of Special Education & Early Intervention Services
8	Cheryl DePinto*	Maryland Department of Health, Office of Population Health Improvement
9	Danna Kauffman	Schwartz, Metz & Wize, P.A./MedChi
10	David Flax	University of Maryland Baltimore County
11	David Monroe	Howard County General Hospital Pediatric Emergency Room
12	Davina Hurt	Prince George's County Public Schools
13	Deborah Rivkin	CareFirst BlueCross BlueShield
14	Debbie Somerville	Public School Superintendents' Association of Maryland
15	Diane J. Young	Prince George's County Health Department-SBHC/Family Health Services Division
16	Donna Behrens	Maryland Assembly of School-Based Health Centers
17	Elizabeth Vaidya	Maryland Department of Health, Primary Care Office
18	Emily Tocknell	Alexander and Cleaver
19	Erin Dorrien*	Maryland Hospital Association
20	Ernest Carter	Prince Georges County Health Department
21	Getachew Teshome	University of Maryland
22	H. Neal Reynolds	Maryland Telehealth Alliance
23	Helen Hughes	Johns Hopkins School of Medicine
24	Ihuoma Emenuga	Youth Wellness and Community Health Bureau of School Health, Baltimore City SBHC
25	Ingrid Zimmer-Galler	Johns Hopkins School of Medicine
26	Jenene Washington*	Renaye James Healthcare Advisors
27	Jennifer Morris	Maryland Health Information Management Association
28	Jennifer Witten	Maryland Hospital Association
29	Joan Glick*	Montgomery County Department of Health-SBHC
30	John Kornak	Maryland Telehealth Alliance
31	Joy Twesigye	Youth Wellness and Community Health Bureau of School Health, Baltimore City SBHC
32	Kathy Firsch	Wicomico County Board of Education
33	Kelly Bryant	Charles County Board of Education
34	Ken Klebanow	Klebanow & Associates P.A.
35	Kristy Gorman	Maryland Association of School Health Nurses
36	Lara Wilson	Maryland Rural Health Association

School-Based Telehealth Workgroup Roster *(As of January 2019)*		
#	**Name**	**Organization**
37	Larry Epp*	Licensed Clinical Professional Counselors of Maryland
38	Laura Howard	Kaiser Permanente
39	Laura Kelly	Peninsula Regional Medical Center
40	Laurie Kupier	Kaiser Permanente
41	Leslie Wallace	MedStar Family Care
42	Lynne Muller	Maryland State Department of Education, Section Chief, Student Services and School Counseling, Division of Student, Family and School Support
43	Marcella E. Franczkowski*	Maryland State Department of Education, Division of Special Education/Early Intervention Services
44	Mark Luckner	Maryland Community Health Resources Commission/Council on the Advancement of School-Based Health Centers
45	Mary Stein	Howard County Schools
46	Matthew Celentano	League of Life & Health Insurers of Maryland
47	Meredith Borden	CareFirst BlueCross BlueShield
48	Michelle Palmer	Maryland School Psychologists Association
49	Mick Connors	PM Pediatrics
50	Mira King	Johns Hopkins Medicine
51	Miriam Struck	Occupational Therapist, Montgomery County
52	Mordechai Raskas*	PM Pediatrics
53	Namisa Kramer*	Maryland Office of Minority Health and Health Disparities (MHHD)
54	Nancy Brown*	Maryland Department of Health, Planning Administration, Office of Health Care Financing
55	Nancy Lever	Center for School Mental Health, University of Maryland SOM
56	Nancy Smith	Salisbury University
57	Nina McHugh	Maryland Department of Health, Office of Health Service
58	Pamela Metz Kasemeyer	Maryland Chapter, American Academy of Pediatrics
59	Pooja A Regmi	Maryland Department of Health, Planning Administration, Office of Health Care Financing
60	R. Scott Strahlman	Columbia Medical Practice
61	Rachael Faulkner	Maryland Assembly of School-Based Health Care
62	Rajender Gattu	University of Maryland Medical System
63	Rebecca Canino	Johns Hopkins Medicine
64	Scott Pfeifer	Maryland Association of Secondary School Principals
65	Sharon Hobson	Howard County Health Department, School Health Programs
66	Sonia Lawson	Maryland Occupational Therapy Association
67	Terry Ball	Maryland Association of Elementary School Principals
68	Vijay Ramasamy	Baltimore City Health Department
69	Walter Sallee	Maryland State Department of Education, Student Services and Strategic Planning Branch
70	Will Price	PHIERS
71	Xie Die	CareFirst BlueCross BlueShield
*Indicates participation in the Draft Recommendations Subgroup.		

Appendix B: Meeting Summaries

The following are summaries of workgroup meetings that occurred since January 2019. Refer to the interim report for summaries of all prior meetings.

School-Based Telehealth Workgroup

January 10, 2019

Meeting Summary

Key discussion items include:

- The workgroup reviewed version 4.2 of the information gathering tables to continue discussion of key themes for tables 6 through 8. Members were asked to provide feedback on the draft themes and identify any new items to be added. The key themes will form the foundation for drafting recommendations.
- The workgroup discussed key themes around 1) existing telehealth compliance requirements, 2) establishing adequate funding sources for telehealth, and 3) existing Medicaid and private payer telehealth reimbursement models.
- Key themes included the potential for efficiencies in school-based telehealth processes and exploration of creative reimbursement mechanisms for telehealth services in schools. It was noted that expansion of Medicaid reimbursement for school health services provided via telehealth may require broader policy changes, as in-person services are not currently reimbursed.
- The workgroup started developing potential recommendations regarding 1) implementation of telehealth within schools and 2) building awareness about the value of telehealth services. The workgroup discussed potential recommendations for tables 1 and 2.
- Deliberations centered on expanding the use and definition of telehealth in schools, exploring effective telehealth models for schools, and the need for communication strategies that raise awareness on the value of telehealth using language that is appropriate and culturally sensitive for parents and students.
- *The workgroup is scheduled to meet on Wednesday, January 30, 2019 from 2:00 pm to 4:00 pm EST at MHCC. The workgroup will continue to develop potential recommendations for the remaining tables. Please note the inclement weather policy posted on the workgroup webpage.*

School-Based Telehealth Workgroup

Draft Recommendations Subgroup

January 30, 2019

Meeting Summary

Key discussion items include:

- The Draft Recommendations Subgroup (subgroup) developed draft informal recommendations based on key items discussed in version 5 of the information gathering tables.

- The subgroup discussed the establishment of payment differentials to encourage adoption and implementation of telehealth programs in schools. It was noted that funding should target schools and providers, and include a mechanism for reimbursing services that are not currently covered when delivered via telehealth (i.e., individual education program services).

- Discussions on increasing awareness of school-based telehealth highlighted the need for activities to be completed as a partnership between school districts and local health departments. Members suggested that strategies should consider the medium for delivering education and appropriate messaging for a variety of audiences, including parents, students, school staff, and community providers.

- The subgroup discussed the need to foster the development of policies that allow flexibility in developing school-based telehealth programs to address the range of care and care coordination needs of the student population and community. The notion of having levels for school-based telehealth programs, where schools could be categorized based on meeting a set of requirements to allow for greater innovation was suggested.

- Regarding the technical requirements for school-based telehealth visits, the subgroup generally agreed that the requirements utilized should align with existing recognized standards, including Medicaid, the Maryland Department of Health, and national standards.

- The subgroup discussed opportunities to engage and/or develop community-based stakeholder groups to provide input on policies to advance school-based telehealth. Suggestions around leveraging existing school-based stakeholder groups, such as local school health councils, were discussed.

- *The meeting for scheduled Wednesday, February 27, 2019 will be cancelled. The MHCC will draft supporting rationale for the draft recommendations and provide it to the workgroup for written comments.*

School-Based Telehealth Workgroup

August 28, 2019

Meeting Summary

Key discussion items include:

- The final draft recommendations are organized by the following key categories: 1) increasing awareness, 2) privacy and security, 3) policy development – oversight and innovation, and 4) funding. Shared goals, priorities, and unique viewpoints among workgroup participants has informed an iterative approach in developing recommendations over the last year; viewpoints are reflective of individual participants and should not be generalized.
- The recommendations provide a practical foundation for advancing use of telehealth in schools. There are many unique aspects of school-based health centers, school health services, and special education (IEP) program related services as it relates to policies, procedures, standards, and guidelines. Tactics for implementation of the recommendations should not be all-inclusive; careful consideration of how State and federal policy and funding requirements apply to each is required.
- All of the recommendations, with the exception of grant funding, can be implemented through stakeholder collaboration. There is general support to establish an inter-agency collaborative as a next step to identify goals and implementation strategies; MHCC could serve as a facilitator. Activities could include:
    - Identifying a wide-range of individuals and organizations to serve as telehealth champions that advocate for grant funding and promote the educational, clinical, and economic benefits of telehealth as a service delivery mechanism in schools. Some messaging would need to be customized for each stakeholder group.
    - Assisting with privacy and security related matters pertaining to telehealth and implementation of ATA technical standards.
    - Helping foster policy discussions among existing advisory groups, such as identifying subject matter experts to provide presentations during advisory group meetings. Telehealth should align with existing policy frameworks (not create additional requirements) that foster innovation and ensure students receive high-quality care through expanded access to a wide spectrum of services (e.g., primary and acute care, chronic disease management, behavioral and mental health, speech therapy, etc.). Telehealth champions should be leveraged to foster policy development.
- Grant awards, if funding becomes available, should be determined collaboratively, taking into consideration the unique needs of school districts, applicability of use cases; and measurable goals and objectives to assess outcomes and cost savings/avoidance.
- *The final draft report will be circulated in the coming weeks for review by the workgroup before submission to the Senate Finance Committee in November 2019.*

Appendix C: Working Documents

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)[49] 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

[49] The IEP is a written plan that describes the special education program 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.

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**
● 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 ● 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

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

BARRIERS & CHALLENGES

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

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**
● 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
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

Students

- Increase in coordination between students' primary/specialty providers and school healthcare professionals
- Potential for an increase in medication adherence, monitoring, and education*

Parents/guardians

- Decrease in time away from work while maintaining continuum of care
- Increase in communication between schools and service providers with parents to discuss care management and coordination*
- Potential for fewer visits/less duplicity

Primary care and specialty care providers

- Improved ability to successfully treat patients due to an increase in access to patients*

Schools or school districts

- Decreased absenteeism and enhanced overall health of students*
- Enhanced continuity of care and communication with school nurse*

Payors

- Facilitates better management and early intervention for patients health condition to reduce health care related costs

BARRIERS & CHALLENGES

Students

- Consent and HIPAA/FERPA concerns*
- 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

- Child's primary/specialty care provider is not engaging in telehealth services
- Concerns around sharing child's information

Primary care and specialty care

- Lack of buy-in or support from providers*
- Technical limitations of some community providers (e.g., insufficient internet access, lack of an EHR, etc.).
- Concern that telehealth could lead to the "doc-in-a-box" model and reduce continuity of care over time

Schools or school districts

- Lack of buy-in or support from school staff and leadership*
- HIPAA/FERPA requirements and obtaining consent to share information*

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*

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**
● 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
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

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)

BARRIERS & CHALLENGES

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

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**
●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

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

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

BARRIERS & CHALLENGES

MSDE/MDH

- 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

- 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

INFORMATION GATHERING TABLES

SUPPORTING LITERATURE

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School-Based Telehealth Workgroup

RECOMMENDATIONS AND IMPLEMENTATION OPPORTUNITIES

Draft Version 1

1. Increasing Awareness

Leverage telehealth champions to promote awareness of telehealth in schools (through stakeholder education) and build community partnerships.

A. What type of individuals/organizations are best suited to serve as telehealth champions for diffusion and meaningful use in schools?

- Health Care Providers/Organizations
  - Pediatrics/Primary Care
  - Behavioral Health
  - Health Care Systems
  - Outpatient facilities
  - FQHCs
  - Academic Research Centers
  - School Partner Mental Health Organizations
- School Systems Staff
  - Superintendents
  - Principals
  - School Nurses
  - Mental Health Coordinators
  - School Counselors and Social Workers
- Associations and Advocacy Groups
  - Maryland Association of School Health Nurses
  - Maryland Nurse Association
  - School-Based Health Alliance
  - Maryland Assembly on School-Based Health Care
  - Maryland Behavioral Health Coalition
  - Community Behavioral Health Association of Maryland
  - Mental Health Association of Maryland
  - NAMI of Maryland
  - Maryland Counseling Association
  - Community Behavioral Health Association of Maryland
  - Maryland Psychiatric Society
  - The Maryland Chapter of the National Association of Social Workers
  - Disability Rights Maryland
  - Maryland Disability Law Center
- Parents/Students Representatives
- Federal, State, and Local Jurisdictions
  - Local Health Departments
  - County Budget Personnel
  - HRSA
- Payers/MCOs

B. What strategies are needed to engage telehealth champions that can advocate for its use and guide implementation efforts?

- A telehealth inter-agency collaborative should convene as a next step to identify goals and build awareness; messaging about the value proposition tailored to specific stakeholder groups
- Engage professional organizations/associations to ensure broader outreach and more targeted messaging
- Existing advisory groups[50] with established programmatic responsibilities should convene subject matter experts to share best practices and lessons learned and recommend policies to advance telehealth in schools

C. What is the role of a telehealth champion in advancing adoption in schools?

- School districts, health care organizations, and legislature should advocate for funding
- School administrators and providers can promote the academic, clinical, and economic benefits of telehealth as a service delivery mechanism in schools
- A needs assessment conducted by each school district can determine program goals, identify applicable use cases, and inform implementation
- The State, school districts, and health care organizations must communicate information about privacy and security and telehealth technical standards

D. Other?

- Parent/guardian understanding of and support for telehealth as an option for their child in receiving health care services in school
- State-Designated HIE (CRISP) can provide a supporting role for information exchange (but is not a telehealth platform)

[50] May include the Maryland State School Health Council, the Maryland Council on Advancement of School–Based Health Centers (CASBHC), and the School Health Services Practice Issues Committee.

2. Privacy and Security

Rely on federal privacy laws (HIPAA and FERPA) to protect student privacy; require schools to implement telehealth technology consistent with ATA technical standards.

A. What type of education and awareness building training are needed to ensure school staff have appropriate/accurate knowledge of HIPAA and FERPA?

- School districts or local health departments responsible for SHS should provide hands-on training to school nurses=

B. What best practices should be recommended to a school that adopts telehealth to ensure that it is compliant with the ATA technical standards?

- Ensure there is a written agreement with distant site provider
- Add language to parental consent form about data sharing and student privacy

C. Other?

- Utilize resources from the American Nurses Association on Connected Health to develop training for school nurses

3. Policy Development

Oversight

Leverage existing advisory groups with established programmatic responsibilities for SBHCs, SHS, and special education related services to recommend policies for school-based telehealth.

A. What steps have/should be taken to request existing advisory groups to develop policies that support innovative approaches to implementing telehealth as a service delivery mechanism in schools?

- An inter-agency collaborative should identify subject matter experts to give presentations to advisory groups to share knowledge and garner support for telehealth in schools

B. Who should initiate the request(s)?

   Representatives from the inter-agency collaborative or from the existing advisory groups

C. What approaches can help ensure transparency of the work?

- Engage diverse stakeholders to serve as liaisons and = report back to their constituencies
- Ensure all meetings are open to the public

D. Other?

- The advisory groups should leverage subject matters experts when developing policy recommendations, taking into consideration:
  - The unique aspects of SBHCs, SHS, and special education (IEP) related services
  - Types of services (existing or additional) that can be provided in schools using telehealth
  - Best practices and strategies for implementation
  - Challenges regarding access to pediatric specialty services in rural areas (e.g., mental health)

Innovation

Advance development of policies to support implementation of innovative approaches and meaningful use of telehealth in schools.

A. What key principles are needed to frame the scope of work?

- Equity of access for all students regardless of their primary care provider, ability to pay, or documentation status

- Encourage innovation and ensure students receive high-quality care through expanded access to a wide spectrum of services (e.g., primary and acute care, chronic disease management, behavioral and mental health, speech therapy, etc.).
- Sensitivity to cultural issues
- Telehealth is another mechanism in care delivery, not a separate program

B. What should be the process for stakeholders to request approval to test innovative use cases?

- Modify existing processes as need to enable a nimble framework for approving use of telehealth in schools

C. Other?

- Conduct a needs assessment and identify applicable use cases
- Consider how State and federal policy and funding requirements apply to SBHC, SHS, and special education (IEP) is required
- Ensure an evaluation component assesses outcomes and incorporate finding in future messaging
- Develop a mechanism to implement programs using an "out of the box" approach

4. Funding

Establish a grant fund available to school districts that implement telehealth in SBHCs, SHS, or special education related services.

A. Assuming a grant fund mechanism is identified by the legislature for establishing telehealth in SBHCs, SHS, and special education related services, what are minimum requirements for applicants?

- Include a school sponsoring agency as an eligible recipient of the funds
- Demonstrate viability; look at the potential for cost savings and avoidance (e.g., outcomes, ER reductions, etc.)

B. Should grant funds be available to schools beyond an initial (one-time) award?

- Potentially, depending on outcomes; however, absent funding beyond time-limited grants, sustainability will be a challenge

C. Other?

- A collaborative approach among MHCC, MSDE, and MDH to guide development of funding parameters and processes
- Expanding Medicaid reimbursement to support sustainability
- Leverage resources of sponsoring organizations
- Kirwan Commission bill allocated funding for schools to support specific priorities, including special education services and addressing lack of access to health and social services

NEXT STEPS/MONITORING PROGRESS

A. Should MHCC convene a school-based telehealth inter-agency workgroup to help advance the recommendations and inform program development?

- There is general support for MHCC to facilitate an inter-agency collaborative, given limited resources/capacity of MSDE and MDH to propel implementation of the recommendations

B. What is a reasonable and practical approach to monitoring telehealth diffusion and meaningful use in schools?

- Funding provided to school districts should include a condition that requires data collection and an assessment of outcomes (health and educational) for student receiving services via telehealth
- Information on outcomes should be reported to MHCC, MSDE and MDH and made publically available

C. Other?

- MHCC as the facilitator should support making connections and establishing partnerships and developing a mission statement and measureable goals and objectives

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