

School-Based Telehealth Workgroup

Meeting Agenda

July 18, 2018

1:45pm-4:00pm

4160 Patterson Ave., Baltimore MD 21215

- I. MEMBER ENGAGEMENT**
- II. INTRODUCTIONS**
- III. OVERVIEW OF LAST MEETING**
- IV. CURRENT STATE OF SCHOOL-BASED TELEHEALTH – POLICY AND PRACTICE**

Maryland Council on Advancement of School-Based Health Centers

Mark Luckner, Executive Director, Maryland Community Health Resources Commission (MCHRC)

- MCHRC's role in school-based telehealth policies and programs

- V. DISCUSSION**
 - 1. Review proposed discussion items and questions
 - 2. Identification of additional questions
 - 3. Prioritization of questions
- VI. GRANT OPPORTUNITIES**

- 1. Overview
- 2. Activities
- 3. Timeline

- VII. NEXT STEPS**

- 1. MHCC staff and participant action items
- 2. Next workgroup meeting: August 22nd; 2:45pm-4:30pm

Community Health Resources Commission

July 18, 2018

Mark Luckner
Executive Director, Maryland
Community Health Resources Commission

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BACKGROUND ON THE CHRC

- The Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access for low-income Marylanders and underserved communities.
- **Statutory responsibilities include:**
 - Increase access to primary and specialty care through community health resources
 - Promote emergency department diversion programs to prevent avoidable hospital utilization and generate cost savings
 - Facilitate the adoption of health information technology
 - Support long-term sustainability of safety net providers
- **The Maryland General Assembly approved legislation (Chapter 328) in 2014 to re-authorize the CHRC until 2025.**

BACKGROUND ON THE CHRC



- **Eleven Commissioners of the CHRC are appointed by the Governor**

Allan Anderson, M.D., Chairman

Elizabeth Chung, Vice Chair, Executive Director, Asian American Center of Frederick

Scott T. Gibson, Vice President for Human Resources, Melwood Horticultural Training Center, Inc.

J. Wayne Howard, Former President and CEO, Choptank Community Health System, Inc.

Celeste James, Executive Director of Community Health and Benefit, Kaiser Permanente of the Mid-Atlantic States

Surina Jordan, PhD, Zima Health, LLC, President and Senior Health Advisor

Barry Ronan, President and CEO, Western Maryland Health System

Erica I. Shelton, M.D., Physician and Assistant Professor, Johns Hopkins University School of Medicine, Department of Emergency Medicine

Ivy Simmons, PhD, Clinical Director, International Association of Fire Fighters Center of Excellence

Julie Wagner, Vice President of Community Affairs, CareFirst BlueCross BlueShield

Anthony C. Wisniewski, Esq., Chairman of the Board and Chief of External and Governmental Affairs, Livanta LLC

IMPACT OF CHRC GRANTS



- Since 2007, CHRC has awarded 210 grants totaling \$64.1 million. Most grants are for multiple years. (Currently 55 open grants)
- CHRC has supported programs in all 24 jurisdictions.
- These programs have collectively served over 455,000 Marylanders. Most individuals have complex health and social service needs.
- Grants awarded by the CHRC have enabled grantees to leverage \$22.9 million in **additional** federal and private/nonprofit resources.
- **Of this \$22.9 million, more than \$19M has been from private and local resources.**

CHRC FY 2018 CALL FOR PROPOSALS

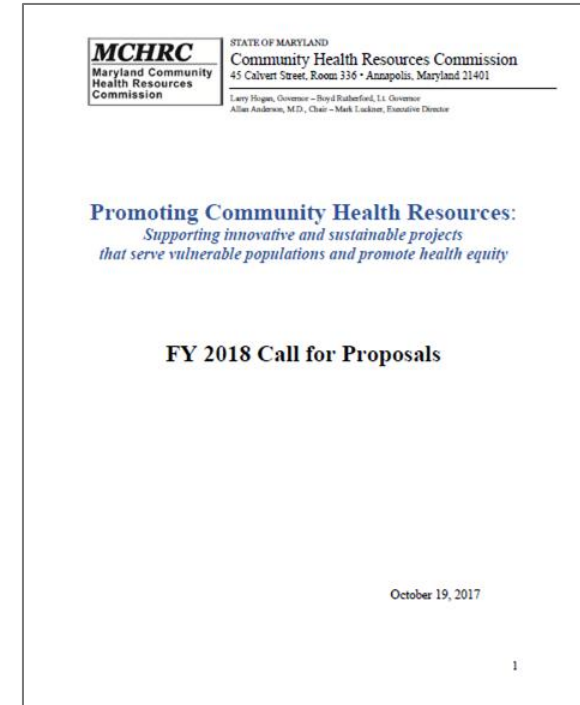


Strategic Priorities:

- (1) Preserving state's ability to serve vulnerable populations, regardless of insurance status;
- (2) Promoting health equity by addressing the social determinants of health; and
- (3) Supporting community-based projects that are **innovative**, **sustainable**, and **replicable**.

Three Types of Projects:

Essential health services
Behavioral health/Substance Use
Obesity and food security



This year's RFP generated 46 proposals requesting a total of \$18.9 million. The Commission awarded 20 grants totaling \$3.7 million.

TYPES OF COMMUNITY HEALTH RESOURCES

1. Designated Community Health Resources

- Federally Qualified Health Centers
- School-based Health Centers
- Local Health Departments
- Free Clinics
- Outpatient Mental Health Clinics
- Substance Use Treatment Providers
- Teaching Clinics
- Wellmobiles

2. Provide Clinical Health Care Services with a Sliding Fee Scale/Nominal Charge

3. Provide Referrals to Clinical Health Care Services with a Sliding Fee Scale/Nominal Charge

CHRC SUPPORT OF SCHOOL-BASED HEALTH CENTERS

- The Commission has awarded 15 grants totaling \$3.35 million to support SBHCs in 11 jurisdictions.
- CHRC SBHC grants have supported programs in rural, urban, and suburban neighborhoods.
- These programs have collectively served more than 14,000 individuals.
- The CHRC is currently supporting a new School-based Wellness Center, the second one in Wicomico County, with a three-year \$425,000 grant. The center provides both somatic and behavioral health services.
- Metrics collected include number of individuals served; number of services provided (including vaccinations); number of ED visits for asthma, acute illness, and behavioral health issues.

COUNCIL ON ADVANCEMENT OF SCHOOL-BASED HEALTH CENTERS

- The Council is charged with developing policy recommendations to improve the health and educational outcomes of students who receive services from School-based Health Centers (SBHCs).
- The CHRC provides day-to-day staffing support for the Council under legislation approved by the Maryland General Assembly.
- The Council is comprised of 15 appointed and 6 *ex officio* members appointed by the Governor (see next slide).

COUNCIL ON ADVANCEMENT OF SCHOOL-BASED HEALTH CENTERS

Chair - Kate Connor, M.D., MSPH

Vice Chair – Barbara Masiulis, MS, CRNP

Patryce Toye, M.D. - Maryland Assembly on School-based Health Care

Barbara Masiulis, MS, CRNP - school-based health center

Kate Connor M.D., MSPH - school-based health care center

Uma S. Ahluwalia - school-based health care center

John B. Gaddis - Public School Superintendents Association of Maryland

Cathy Mary C. Allen - Maryland Association of Boards of Education

Sharon Lynn Morgan - elementary school principals of schools with a school-based health center

Angel L. Lewis - secondary school principals of schools with a school-based health center

Jean-Marie Kelly - Maryland Hospital Association

Maura J. Rossman, M.D. - Maryland Association of County Health Officers

Judy Lichty-Hess - federally qualified health center

Arethusa S. Kirk - managed care organization

Jennifer Dahl - commercial health insurance carrier

Diana Fertsch, M.D. – pediatrician

Ex Officio Members

Senator Richard Madaleno – Member of the Senate

Delegate Bonnie Cullison – Member of the House of Delegates

Cheryl DePinto, M.D. – Maryland Department of Health

Mary L. Gable – State Superintendent of Schools

Michele Eberle – Maryland Health Benefit Exchange

Mark Luckner – Maryland Community Health Resources Commission

CHRC TELE-HEALTH GRANTS



- **Garrett County Health Department** – support Medication Assisted Treatment program in underserved and remote area of state. Collaboration with University of Maryland School of Medicine Department of Psychiatry.
- **Mid-Shore Mental Health System** – supported a program to use videoconferencing to link Mid-Shore youth referred to the Jackson Unit in Allegany County for a 60 day residential stay to: (1) families; and (2) community-based providers who will provide somatic and mental health treatment after release from the unit.
- **Somerset County Health Department** – supported a telepsychiatry program for the uninsured in Somerset County, an underserved area of the state. Collaboration with University of Maryland School of Medicine Department of Psychiatry.

School-Based Telehealth Workgroup

Discussion Items

Draft Version 2.0

At the request of the Senate Finance Committee, the Maryland Health Care Commission (MHCC) convened a workgroup to identify deficiencies in existing policies related to school-based telehealth programs and develop an approach for improving these policies. A draft list of proposed discussion items for consideration by the workgroup is detailed below. The organized by topic category; each category is prioritized based on initial discussions during the Kick-Off meeting. The following items are intended to guide discussions by topic categories and the development of workgroup recommendations.

Operations

1. What are the leading strengths and weaknesses of current SBHC certification requirements as they relate to providing telehealth services?
2. What is the impact on primary and secondary school systems' resources in meeting current SBHC certification requirements as it relates to providing telehealth services?
3. What is the impact on patient care, privacy, and cost in providing telehealth services outside a SBHC?
4. What impact does an approximate nine-month primary and secondary school year calendar have on therapy provided in schools (continuity)?
5. What policies are needed to ensure that telehealth technology used in Maryland primary and secondary schools is compliant with federal and State privacy and security laws?
6. What are the services that can be delivered via telehealth in primary and secondary schools that fall outside of the scope SBHC model?
7. Other?

Exploring the Opportunities of Telehealth

1. What are stakeholders' general views of telehealth as a viable alternative to providing care in primary and secondary schools?
2. Do stakeholders believe that teletherapy provided in primary and secondary schools can improve a student's health condition?
3. What are the leading strengths and weaknesses of teletherapy in primary and secondary schools from the perspective of each stakeholder group?
4. What are the benefits and barriers with the current system of providing behavioral health therapy during the school day at primary and secondary schools?
5. Do stakeholders believe that treating behavioral conditions in primary and secondary schools is an effective way to provide care to students in need of therapy?
6. Other?

Finance and Sustainability

1. What is the impact on primary and secondary school systems' resources for staff training on telehealth technology in schools?

2. What are the benefits of a partnership between primary and secondary schools and hospitals/health systems to provide services via telehealth?
3. What do stakeholders believe are the Medicaid and private payor reimbursement opportunities and challenges, such as in-network/out-of-network providers, that may impede its use in primary and secondary schools?
4. What policies do stakeholders believe would help to ensure the sustainability of telehealth programs in primary and secondary schools?
5. What are the benefits and barriers of outsourcing telehealth to a third party for care delivery in primary and secondary schools?
6. Other?