



## School-Based Telehealth Workgroup

### CHARTER

#### **Purpose**

During the 2018 legislative session, the Senate Finance Committee (Committee) expressed concern about the slow pace in the development of school-based telehealth in primary and secondary schools. The Committee requested that the Maryland Health Care Commission (MHCC) convene a workgroup to identify deficiencies in existing policies related to school-based telehealth programs and develop an approach for improving these policies, which may be statutory, regulatory or technical in nature. The Committee asked MHCC to report on the workgroup's findings and provide legislative and regulatory recommendations, including associated budget estimates for programs the State should undertake to improve the delivery of school-based telehealth services. An interim presentation to the Committee was requested in January 2019 and a final report is due November 2019.

#### **Background**

School-based 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 (i.e., speech therapy) to children.<sup>1</sup> In certain circumstances, schools struggle with obtaining direct service providers due to workforce shortages, particularly in rural areas of the State. Telehealth has the potential to create efficiencies in schools by increasing access to services, including primary and specialty somatic care, chronic disease management, behavioral and mental health services, hearing and speech therapy, among others. School-based telehealth can be used to improve health quality and academic performance, and decrease absenteeism of the student population.<sup>2, 3, 4, 5, 6</sup> Telehealth can complement and expand the capacity of schools to meet student's health care needs by using technology to connect to remote providers.

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<sup>1</sup> State Medicaid Best Practice School-Based Telehealth. American Telemedicine Association. July 2013. Available at: <https://www.americantelemed.org/main/policy-page/state-policy-resource-center/state-medicare-best-practices#>.

<sup>2</sup> Factors Behind the Adoption of School-based Telehealth. mHealth Intelligence. Available at: <https://mhealthintelligence.com/features/factors-behind-the-adoption-of-school-based-telehealth>.

<sup>3</sup> D. A. Bergman, et al., "The Use of Telemedicine in the Schools to Improve Access to Expert Asthma Care for Underserved Children," Abstract from Pediatric Academic Societies Meeting, Washington, D.C., Vol. 57: (2005) 224.

<sup>4</sup> K.M. McConnochie, et al. Telemedicine in urban and suburban childcare and elementary schools lightens family burdens. Telemedicine and e-Health. June 2010.

McConnochie KM1, Wood NE, Herendeen NE, ten Hoopen CB, Roghmann KJ.

<sup>5</sup> A. McCullough. Viability and effectiveness of teletherapy for pre-school children with special needs. International Journal of Language and Communication Disorders. November 2009.

<sup>6</sup> S.R. Daniels. School-centered telemedicine for type 1 diabetes mellitus. The Journal of Pediatrics. September 2009.

Since 2014, MHCC has awarded approximately \$700,000 in grants to 14 provider organizations to demonstrate the impact of telehealth and mHealth. These grants have helped inform: 1) better practices; 2) industry implementation and expansion efforts; 3) policies to support advancement of telehealth; and 4) the design of telehealth programs across the State. The grants have also complemented efforts to advance a strong, flexible health information technology (health IT) ecosystem in Maryland, the foundation of advanced care delivery and payment models.

To help inform the workgroup's recommendations, MHCC plans to fund two school-based telehealth pilot projects—the first, is aimed at increasing access to special education services within schools; and the other is focused on providing health care services<sup>7</sup> within schools via telehealth. Staff from each project will report on their implementation progress, including key findings, challenges, and solutions on a quarterly basis as a grant requirement.

### **Workgroup Responsibilities**

The School-Based Telehealth Workgroup (workgroup) may be divided into subgroups. Potential subgroups consist of technology, operations, and financing. Potential discussion topics include, but are not limited to, the following:

#### **1) Technology**

- Existing technology available for school-based telehealth and technology development opportunities
- Federated or centralized telehealth technology
- Privacy and security considerations and policies
- Resource requirements for staff training on the technology
- Electronic health records interoperability considerations

#### **2) Operational**

- Workforce shortages in school districts as they relate to special education and/or health services that could be provided via telehealth/teletherapy
- Administrative challenges with meeting current SBHC certification requirements related to providing telehealth services (*see related bullet in Financial Subgroup*)
- Communication requirements for staff, guardians, and students – health services provided using telehealth
- Coordination of information sessions for teachers and school-based administration and information sessions for parents/guardians
- Resource and policy requirements for school nurse involvement
- Opportunities to revise telehealth service requirements in schools
- Patient privacy considerations, HIPAA and FERPA

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<sup>7</sup> These include preventive and primary health services and mental health, oral health, ancillary, and other supportive services.

### **3) Financial**

- Current challenges in funding technology
- Resources required of school systems to meet current SBHC certification requirements as it relates to providing telehealth services
- Current challenges with providing special education and somatic services due to limited budgets
- Medicaid policy related to SBHC reimbursement and telehealth service reimbursement alignment
- Medicaid and private payor reimbursement opportunities and challenges, such as in network/out of network providers
- Sustainability of telehealth programs in schools

### **Workgroup Meetings**

A simple majority of the members shall constitute a quorum at any meeting for the conducting of the business of the workgroup and potential subgroups. All meetings of the workgroup/subgroups are open to the public.<sup>8</sup> The workgroup/subgroup meetings are anticipated to convene about every four to six weeks at a date and time scheduled by MHCC beginning in June 2018 to August 2019. The majority of workgroup/subgroup meetings will be held via teleconference. In-person meetings will be held at MHCC located at 4160 Patterson Avenue, Baltimore, MD 21215. Reasonable notice of all meetings, stating the time, place (if applicable) and teleconference information, shall be given to each member by email. Reasonable notice of all meetings shall be provided to the public by posting on MHCC's website here: [mhcc.maryland.gov/mhcc/pages/home/meeting\\_schedule/meeting\\_schedule.aspx](http://mhcc.maryland.gov/mhcc/pages/home/meeting_schedule/meeting_schedule.aspx).

### **Membership and Chairs' Responsibilities**

Members are strongly encouraged to attend meetings in-person when held in-person; teleconference will be made available. Members participating via teleconference shall count for quorum purposes, and their position (i.e., support, oppose, abstain) on recommendations shall be noted so long as their participation is included in the attendance.

Members are encouraged to offer their input on all topics presented to the workgroup/subgroup. Members' position for each policy recommendation will be included in the meeting notes at the member level.

It is likely that a Chair will be identified for the workgroup and each subgroup, if subgroups are formed. Should MHCC decide to identify subgroup Chairs', terms shall last for the duration of the subgroup in which they serve. In addition to presiding at meetings, subgroup Chairs shall take an active role in developing policy recommendations and work with MHCC to determine action items requiring MHCC support resources.

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<sup>8</sup> As a State agency, MHCC follows the Open Meeting Act.

**Timeline and Deliverables**

The workgroup/subgroups will be convened in the summer of 2018 and meet through August 2019; meetings may take place after August 2019 if a discussion topic warrants additional time to deliberate on a proposed recommendation. The output from these workgroup/subgroup meetings will be compiled into a report that forms the basis for any findings and recommendations presented in a final report by MHCC. The final report will include the names of all workgroup participants and proposed recommendations to inform future legislation.