

Telehealth and School-Based Health Centers: Lessons and Best Practices from Early Adopters

March 10, 2016

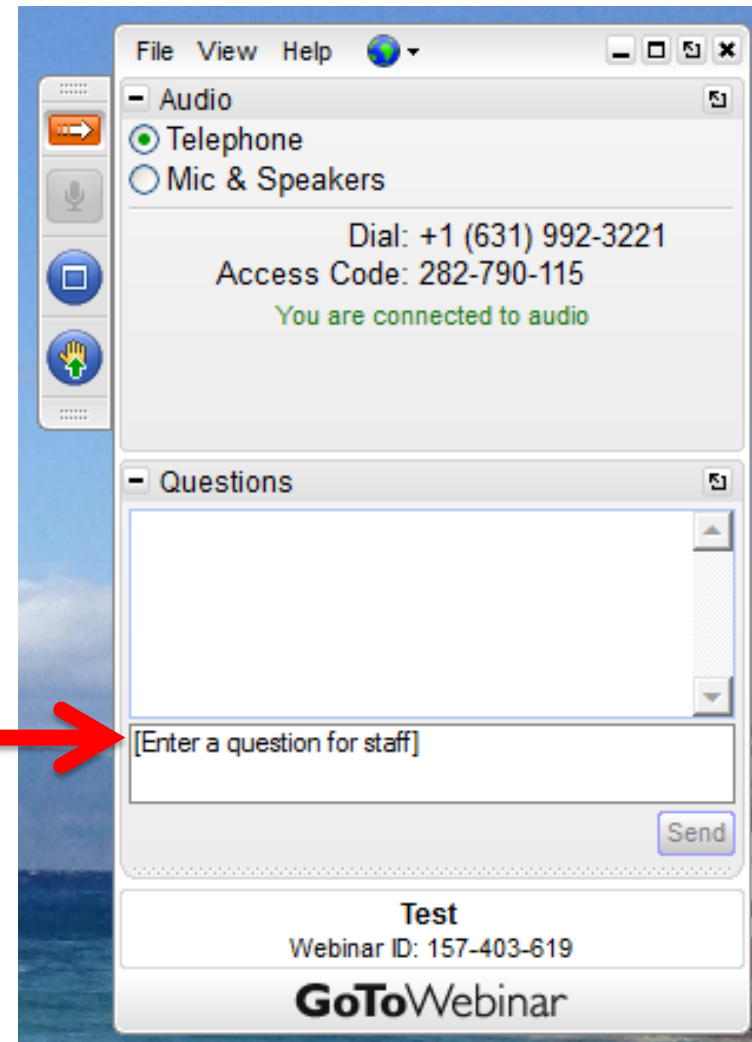


Help Us Count

If you are viewing as a group, go to the “questions box” and type in the name of the person registered and the total number of additional people in the room.

e.g., Tammy Jones +3.

This will help us with our final count. Thank you!



Reminders

- All attendees are in listen-only mode.
- We want to hear your questions! To ask a question during the session, use the question box that appears on the bottom right side of your control panel.



Webinar Archives

Access previous webinars

- Mapping Tool Introduction
- Findings from the 2013-14 Census
- Policy & Advocacy
- Confidentiality in School-Based Health Care
- Vision Screening 101
- School-Based Health Alliance Tools

<http://www.sbh4all.org/webinars>



**SCHOOL-BASED
HEALTH ALLIANCE**
Redefining Health for Kids and Teens



Why the School-Based Health Alliance?

- All children and teens deserve to thrive
- We have proven solutions to solving health care access gaps of young people
- The distribution of health in our nation need not be inequitable or unjust

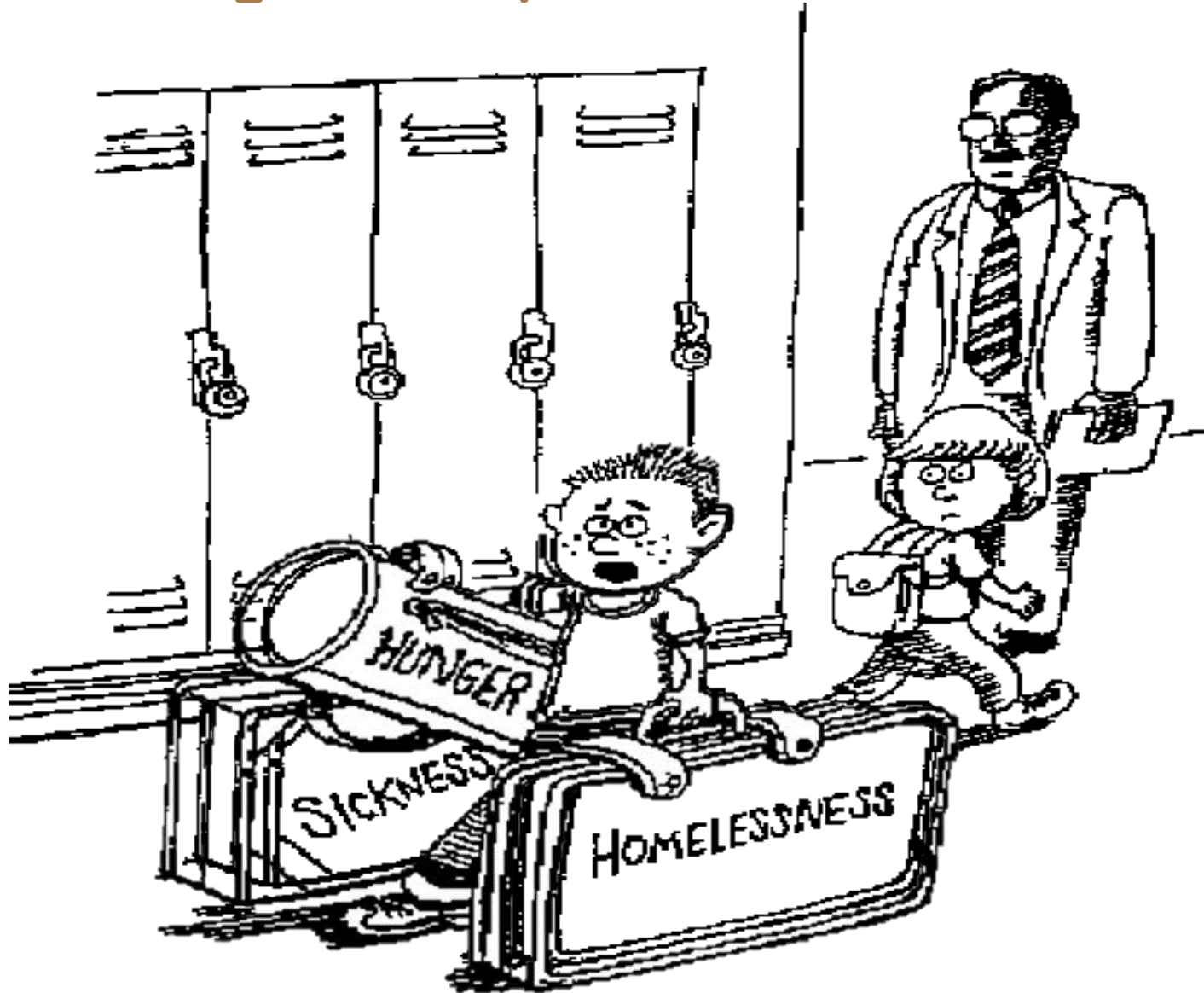
WHY

We Believe...

- In the transformational power of the health and education intersection

HEALTHY STUDENTS
make better learners

Could someone help me with these?
I'm late for math class.





A **school-based health center** is a shared commitment between a community's schools and health care organizations to support **students' health, well-being, and academic success** by providing preventative, early intervention, and treatment services where students are: in school.



SCHOOL-BASED
HEALTH ALLIANCE
Redefining Health for Kids and Teens

Today's Presenters

Carlos Mena, MS

Steve North, MD, MPH

Kari Collins, Ph.D.

Tammy Greenwell, MPH

Health Resources and Services Administration (HRSA)
Federal Office of Rural Health Policy (FORHP)
Office for the Advancement of Telehealth (OAT)

**Telehealth Network Grant Program (TNGP)
Funding Opportunity Announcement (FOA)
HRSA-16-012**

Thursday, March 10, 2016
1:30PM (EST)

Carlos Mena, MS
Program Coordinator

OVERVIEW

- Telehealth Network Grant Program (TNGP) Purpose & Background
- FY16 TNGP FOA
 - Eligibility
 - Narrative
 - Attachments
 - Criterion
 - Performance Measures
 - Funding Preferences
 - Funding Priorities
- Q&A to follow

Purpose & Background

To demonstrate how telehealth networks are used to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making. In particular, we wish to encourage telehealth services delivered thru school-based health centers/clinics (SBHC), particularly those serving high-poverty populations.

School-Based Health Center (SBHC)

Definition (pg 1)

... a health clinic that— “(i) is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; (ii) is organized through school, community, and health provider relationships; (iii) is administered by a sponsoring facility; (iv) provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and (v) satisfies such other requirements as a State may establish for the operation of such a clinic. The term ‘sponsoring facility’ includes any of the following: (i) a hospital, (ii) a public health department, (iii) a community health center, (iv) a nonprofit health care agency, (v) a local educational agency or (vi) a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.”

Purpose & Background

Funding Opportunity Title:	Telehealth Network Grant Program
Funding Opportunity Number:	HRSA-16-012
Due Date for Applications:	April 8 , 2016
Anticipated Total Annual Available Funding:	\$6,000,0000
Estimated Number and Type of Award(s):	Up to twenty (20) grants
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 31, 2020 (4 years)
Eligible Applicants:	<p>Eligible applicants include public and private non-profit entities, including faith-based and community organizations, as well as Federally-recognized Indian tribal governments and organizations.</p> <p>[See Section III-1 of this Funding Opportunity Announcement (FOA) for complete eligibility information.]</p>

Eligibility

Page 3 -- Composition of the Telehealth Network:

The telehealth network shall include at least two (2) of the following entities (at least one of which shall be a community-based health care provider):

- a. school-based health centers;
- b. community health centers or other Federally qualified health centers;
- c. health care providers, including pharmacists, in private practice;
- d. entities operating clinics, including rural health clinics;
- e. local health departments;
- f. nonprofit hospitals, including community access hospitals;
- g. other publicly funded health or social service agencies;
- h. long-term care providers;
- i. providers of health care services in the home;
- j. providers of outpatient mental health services and entities operating outpatient mental health facilities;
- k. local or regional emergency health care providers;
- l. institutions of higher education; or
- m. entities operating dental clinics.

Eligibility

“In awarding grants, OAT will ensure, to the greatest extent possible, that grants are equitably distributed among the geographical regions of the United States (per Sec. 3301(j)(1) of the Public Health Service Act). As a result, grants could be limited to one per State.”

Narrative (pgs 6-9)

- Project Abstract
- Introduction
- Needs Assessment
- Methodology
- Work Plan
- Resolution of Challenges
- Evaluation and Technical Support Capacity
- Organizational Information

Attachments (pgs 13-17)

1. Rural ID Eligibility
2. Detailed Budget Information (see pages 14-17 for reference)
3. Work Plan
4. Network Identification Information
 - **Please include National Provider Identifier and Primary Taxonomy if the site(s) bill for service (pg. 19)**
5. Memorandum of Agreement and/or Description of Proposed/Existing Contracts
6. Position Descriptions for Key Personnel
7. Biographical Sketches of Key Personnel
8. Project Organizational Chart
9. Letters of Support
10. Request for Funding Preference
11. Proof of Non-Profit Status
12. Indirect Cost Rate Agreement (if applicable)

Criterion (pgs 19-23)

1. Need (20 points)
2. Response (20 points)
3. Evaluative Measures (5 points)
4. Impact (20 points)
5. Resources/Capabilities (15 points)
6. Support Requested (10 points)
7. Assessing Technology and Integrating Administrative and Clinical Systems (10 points)

Criterion (pg 9)

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need (2) Response
Methodology	(2) Response (4) Impact (6) Support Requested (7) Assessing Technology and Integrating Administrative and Clinical Systems
Work Plan	(4) Impact (5) Resources/Capabilities (6) Support Requested
Resolution of Challenges	(3) Evaluative Measures (4) Impact (5) Resources and Capabilities (7) Assessing Technology and Integrating Administrative and Clinical Systems
Evaluation and Technical Support Capacity	(3) Evaluative Measures (5) Resources/Capabilities (6) Support Requested
Organizational Information	(4) Impact (5) Resources/Capabilities (6) Support Requested (7) Assessing Technology and Integrating Administrative and Clinical Systems

Performance Measures

From Page 2 of FOA: “Awardees will take part in a broad program evaluation with common measures to assess across all grantees how the use of this technology affected health care outcomes. Upon award, Recipients will be required to report on specific performance measures, such as:

- a) **types of telehealth network partner settings;**
- b) **the number of encounters by specialty/service, by patient care setting (network facility), and by type of telemedicine encounter;**
- c) **third party and grant reimbursement received for the encounters;**
- d) **new services available in rural areas due to the grant;**
- e) **patient and practitioner travel miles saved by each network facility;**
- f) **number of Practitioner Referrals at each network facility.**

Additional information on performance measure reporting will be made available to recipients after September 1, 2016.”

Funding Preferences (pgs 23-24)

“Applications that qualify for a funding preference(s) will be funded ahead of other approved applications. **Preference will be given to an eligible entity that meets at least one (1) of the following requirements:**

(A) ORGANIZATION – the eligible entity is a **rural** community-based organization or another community-based organization.

(B) SERVICES – the eligible entity proposes to use Federal funds made available through such a grant to develop plans for, or to establish, telehealth networks that provide mental health, public health, long-term care, home care, preventive, or case management services.

(C) COORDINATION – the eligible entity demonstrates how the project to be carried out under the grant will be coordinated with other relevant federally funded projects in the areas, communities, and populations to be served through the grant.

(D) NETWORK – the eligible entity demonstrates that the project involves a telehealth network that includes an entity that –

(i) provides clinical health care services, or educational services for health care providers and for patients or their families; and

(ii) is— a public library; an institution of higher education; or

(iii) a local government entity.

(E) CONNECTIVITY.—the eligible entity proposes a project that promotes local connectivity within areas, communities, and populations to be served through the project.

(F) INTEGRATION.—the eligible entity demonstrates that clinical health care information has been integrated into the project.”

Funding Priorities (pgs 24-25)

“A funding priority is defined as the favorable adjustment of review scores when applications meet specified criteria. **Applicants do not need to request funding priorities.** Prior to final funding decisions, HRSA will assess all TNGP applications within the fundable range for eligibility to receive priority point adjustment(s). Applications are eligible to receive fifteen priority points if the following conditions are met:

- ***The network includes School Based Health Centers (5 points):*** As defined by the Children’s Health Insurance Reauthorization Act of 2009 (Section 2110(c) (42 U.S.C. 1397jj), a ‘school-based health center’ means a health clinic that— “(i) is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; (ii) is organized through school, community, and health provider relationships; (iii) is administered by a sponsoring facility; (iv) provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and (v) satisfies such other requirements as a State may establish for the operation of such a clinic. The term ‘sponsoring facility’ includes any of the following: (i) A hospital. (ii) A public health department. (iii) A community health center. (iv) A nonprofit health care agency. (v) A school or school system. (vi) A program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.”
- ***The proposed telehealth network project includes three or more rural SBHC originating sites (5 points).***
- ***The proposed telehealth network plans to address delivery of all of the clinical services for SBHC’s specified in the purpose section of this funding opportunity announcement: asthma, obesity reduction and prevention, behavioral health, diabetes, and oral health (5 points)”***

The due date for applications under this funding opportunity announcement is Friday, April 8, 2016 at 11:59 P.M. Eastern Time.

Why SBHCs via Telemedicine?





5 years

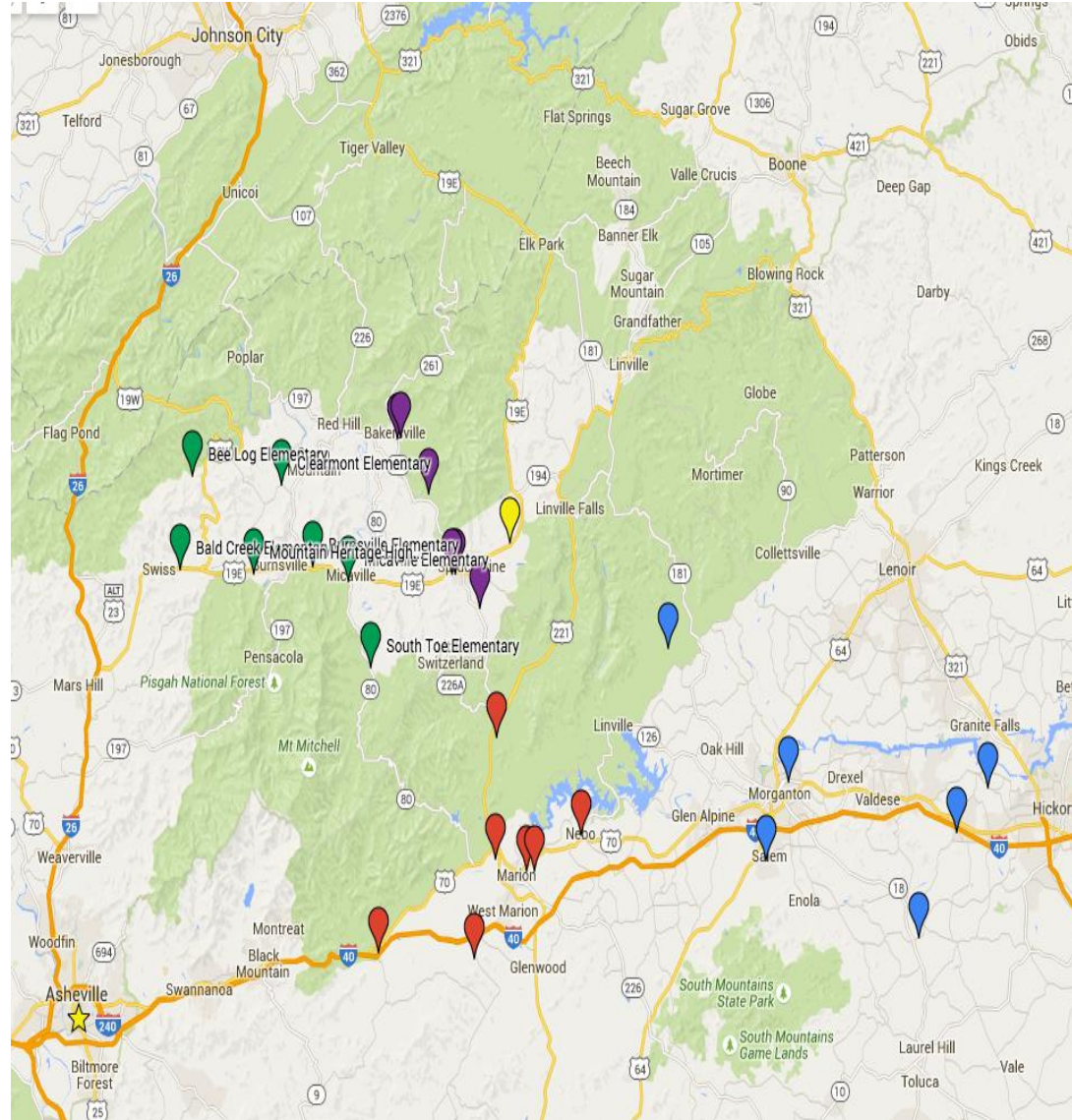
4 counties

30 schools

1500 sq. miles

4.5 FTE admin

One FNP



Primary Care Services

- Peripherals
- NO LIST!!
- Integration & collaboration with primary care
- Return to class!!



Telehealth Presenter

- School Nurse?
- Training Requirements?
- Other options?
 - Licensed professional?
 - Skill sets?



School-Based Health Centers
+ School Nurses
= Student Success

School-Based Health Centers (SBHCs)

- ✓ Provide primary care, mental health care, and oral health care screening and treatment
- ✓ Offer physical exams and sports physicals
 - ✓ Prescribe and dispense medication
 - ✓ Bill public and private insurance for reimbursable services
 - ✓ Conduct clinical and lab tests
 - ✓ Treat chronic illnesses

School Nurses

- ✓ Screen for barriers to learning, i.e. vision, hearing, vaccination status
- ✓ Triage or treat accidents and illnesses
- ✓ Administer medications and manage chronic illness, i.e. diabetes, tube feedings
- ✓ Support educational success through IEPs, IHPs, and disaster plans

SBHCs & School Nurses

- ✓ Educate students and families about healthy behaviors and nutrition
- ✓ Enroll students and families in public insurance programs
 - ✓ Offer immunizations

Benefits of Working Together

- ✓ Enhance students' health, academic outcomes, and overall well-being
- ✓ Plan and implement health promotion and disease prevention programs
 - ✓ Increase information sharing to protect student privacy and continuity of care
- ✓ Reduce emergency room visits and hospitalizations
 - ✓ Detect health problems before onset of chronic conditions



“School nurses who use telehealth can further meet the health needs of children in their care”

Cori A. Reynolds, RN Erin D. Maughan, PhD, MS, RN, APHN-BC

Telehealth in the School Setting: An Integrative Review

The Journal of School Nursing 2015, Vol. 31(1) 44-53

Memorandums of understanding

Provider Side

- Quality of care
- Maintain medical record and enrollments
- Serve on School Health Advisory Panel
- Provide “boots on the ground”
- Handle all billing
- Evaluate program and share results with school district

School Side

- Support and promote the program
- Internet access (set minimums)
- Direct IT point of contact
- Secure and confidential space
- Arrangement around presenters
- Assist with enrollment process
- Additional space
- Assessments and collaboration

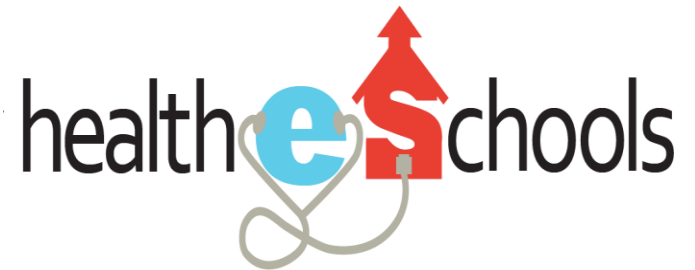
Contact Information

- Amanda.Martin@crhi.org

- Steve.North@crhi.org

- www.crhi.org

- Recent CRHI Telehealth Resource Webinar:
<https://www.youtube.com/watch?v=Wm63ijQw-TA>



Establishing a Telepsychiatry Program

Kari K. Collins, Ph.D.

Director of Mental Health Services

Montefiore Medical Center

School Health Program (MSHP)

MSHP Mental Health Services

Mental Health staff of 35 providers, including psychiatrists, licensed psychologists (PhD/PsyD), and licensed social workers (LCSW/LMSW), providing over 20,000 mental health visits annually at 23 elementary, middle and high school sites in the Bronx. All sites offer Article 28 services. In addition, MSHP operates two Office of Mental Health (OMH) clinics.



MSHP Mental Health Services

Evaluation,

Crisis intervention,

Individual, family, and group counseling,

Classroom observation and teacher consultation,

Referral and coordination with outside agencies,

Prevention and psycho-education,

Mental health training,

Psychiatric consultation,

Psychopharmacology in conjunction with MSHP medical providers

Evolution of the MSHP Psychopharmacology Program

Part time psychiatrist hired in 2003 to conduct on-site psychiatric evaluations and medication management at MSHP Article 28 sites.

Models tried:

- 1) Site to site evaluations
- 2) Centralized site



Evolution of the MSHP Psychopharmacology Program

In 2007, the American Academy of Child and Adolescent Psychiatry began formally advocating for strategies to improve psychiatric access through the training of PCPs.

We began to re-shape our psychiatric service to a consultation rather than direct-care model, with an emphasis on medical provider training so that psychopharmacology services for ADHD, mild/moderate depression and anxiety could be offered on-site by our medical providers.

Evolution of the MSHP Psychopharmacology Program

Since the initiation of our psychopharmacology program, 12 MSHP medical providers have been formally trained through the Child and Adolescent Psychiatry for Primary Care program (CAP-PC) program and 15 MSHP medical providers have attended other psychopharmacology training such as the program offered through the American Academy of Child and Adolescent Psychiatry.

What is Telepsychiatry?

A form of HIPAA compliant interactive video (ITV) conferencing that provides psychiatric services to patients through the use of computer based remote cameras and microphones.

Telepsychiatry is also used for case consultation between psychiatrists, PCP's and other health care professionals .



Telepsychiatry Services



According to the American Psychiatric Association, “Telepsychiatry is currently one of the most effective ways to increase access to psychiatric care for individuals living in underserved areas.”*

* <http://www.psychiatry.org/practice/professional-interests/underserved-communities/telepsychiatry>

Benefits of a Telepsychiatry Program

Convenience of the school-based setting (e.g. less time out of school)

Ease of referral (parent, school, health center provider)

Increased compliance with appointments

Coordination with teachers and school staff

Increased continuity of care (coordination with health center MH and medical providers)

MSHP Telepsychiatry Program

In Spring 2015, MSHP launched a pilot telepsychiatry program which has now been expanded to all 21 Article 28 sites. The Montefiore Child and Adolescent Psychiatrist is located and transmitting from the designated MSHP “hub site” to all “spoke sites” within the Montefiore School Health network.



MSHP Uses of Telepsychiatry

Telepsychiatric services include:

- 1) Case consultation with “spoke site” medical/MH providers,
- 2) Case review of all psychopharmacology patients,
- 3) Teaching opportunities, and
- 4) Direct psychiatric evaluation as needed.

Tele-technology is also currently being used for weekly clinical supervision of MSHP MH Providers (psychologists/SW).

All tele- activities are carefully tracked by the MH supervisors and the MSHP psychiatrist.

Steps in Creating a Telepsychiatry Program

Needs assessment (input from all key stakeholders)

Information sharing (school, parents, patients)

Development of policies and procedures (roles, responsibilities)

Pilot Implementation  **Full Implementation**

Steps in Creating a Telepsychiatry Program

Technology selection: HIPAA compliant, encryption

Technical specifications: bandwidth, resolution

Hub/spoke considerations: location, privacy, backdrop

Hardware: camera (zooming/panning/tilting)

sound (microphones/headsets)

lighting



MSHP Telepsychiatry Considerations

Regulatory areas such as operating certificates, informed consent forms, and billing

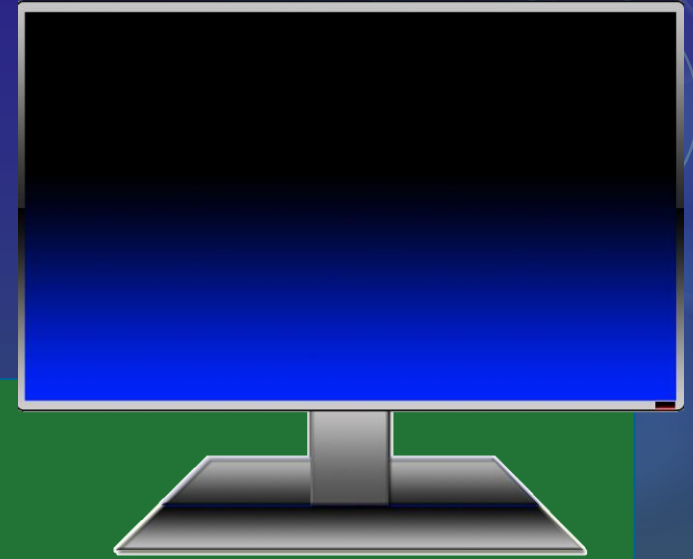
Contingency plan in case of equipment interruption or failure

Guidelines for translation services

Administration and use of patient/parent and provider satisfaction measures

Development of written and web based promotional materials such as a telepsychiatry brochure for patients and parents

Resources



Telemental Health Guide:

<http://www.tmhguide.org/about/>

Practice guidelines from the American Telemedicine Association (ATA):

<https://www.e-psychiatry.com/practice-guidelines-for-videoconferencing-based-telemental-health.pdf>

ATA Training Program:

Delivering Online Video Based Mental Health Services

<http://learn.americantelemed.org/diweb/catalog/item/id/241193/q/o=n%26c=96%26t=3359>



Rob Duffey, MD
Pediatrics

Blue Ridge Community Health Services





Mission

To provide quality healthcare that is *accessible* and *affordable* for all.

Vision

Blue Ridge Community Health Services is an integrated health care home that exceeds customer expectations with a team that is both innovative and responsive to changes in health care.



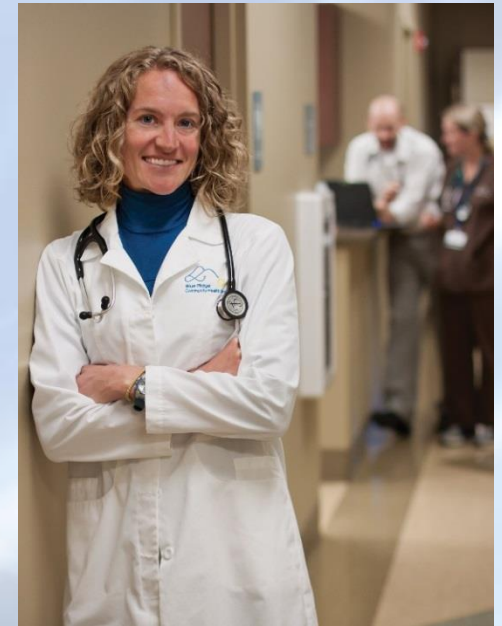
We provide the communities we serve with:

- **A health home** for underserved people, improving public health, reducing the burden on hospital emergency rooms, and providing needed services such as free immunizations for uninsured children
- **Affordable care for the uninsured** with fees adjusted based on ability to pay
- **A voice** (through the consumer majority Board of Directors) in the operation of the health center
- **Access to broader health insurance coverage** as the SBHC assists uninsured patients enroll in Medicaid, CHIP, and other assistance programs



Since 2009, we have expanded school health services for children in the communities we serve by:

- **Expanding School-Based Health Clinics**
 - Three new SBHCs established: North Henderson High School (2009), Bruce Drysdale Elementary (2010), and Hillandale Elementary School (2011)
 - All sites offer comprehensive services: BH, medical, nursing, nutrition, health education
- **Linked Schools** (6 additional schools) – students can be seen at existing SBHC sites; school provides transportation
- **Tele-Counseling** (6 additional schools)
 - Middle schools, high schools, and alternative school not currently serviced by an SBHC site



MaryShell Zaffino, MD
Family Medicine, Blue Ridge Health Center

Telehealth Counseling

- Project serves students in middle schools, high schools, and alternative school that do not currently have an SBHC program. Behavioral Health counselors (LPC, LCSW) located at AVMS and NHHS use videoconferencing technology to provide counseling services to remote sites.
- Accept referrals from school guidance counselor, community medical providers, parent/guardian, and student self referrals
- Permission for services combined with school health center permission and registration form
- Students are assessed for enrollment into the program with a minimum of (1) on-site visit from a behavioral health counselor and then all reoccurring sessions may occur via secure videoconferencing technology.
 - Currently, 90 students have used this method of delivery

Telehealth Counseling

First steps:

- Staff buy-in for service delivery
- School administration and guidance counselor buy-in for service delivery, secure locations for equipment, use of school connectivity
- Student buy-in for service delivery

Funding (initial and ongoing):

- Initial funding for equipment provided by HRSA through an ACA Grant for SBHC Capital Program.
 - Connectivity – main issue during start up
 - Equipment becomes quickly outdated
- Ongoing funding supported via patient revenue and grant funding

Ongoing Challenges:

- Method of service delivery is not for every student – “selling” the service
- BH counselor staffing/turnover
- School administration changes
- Costs for connectivity and support of technology
- Expand service to include group sessions between schools



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Questions?



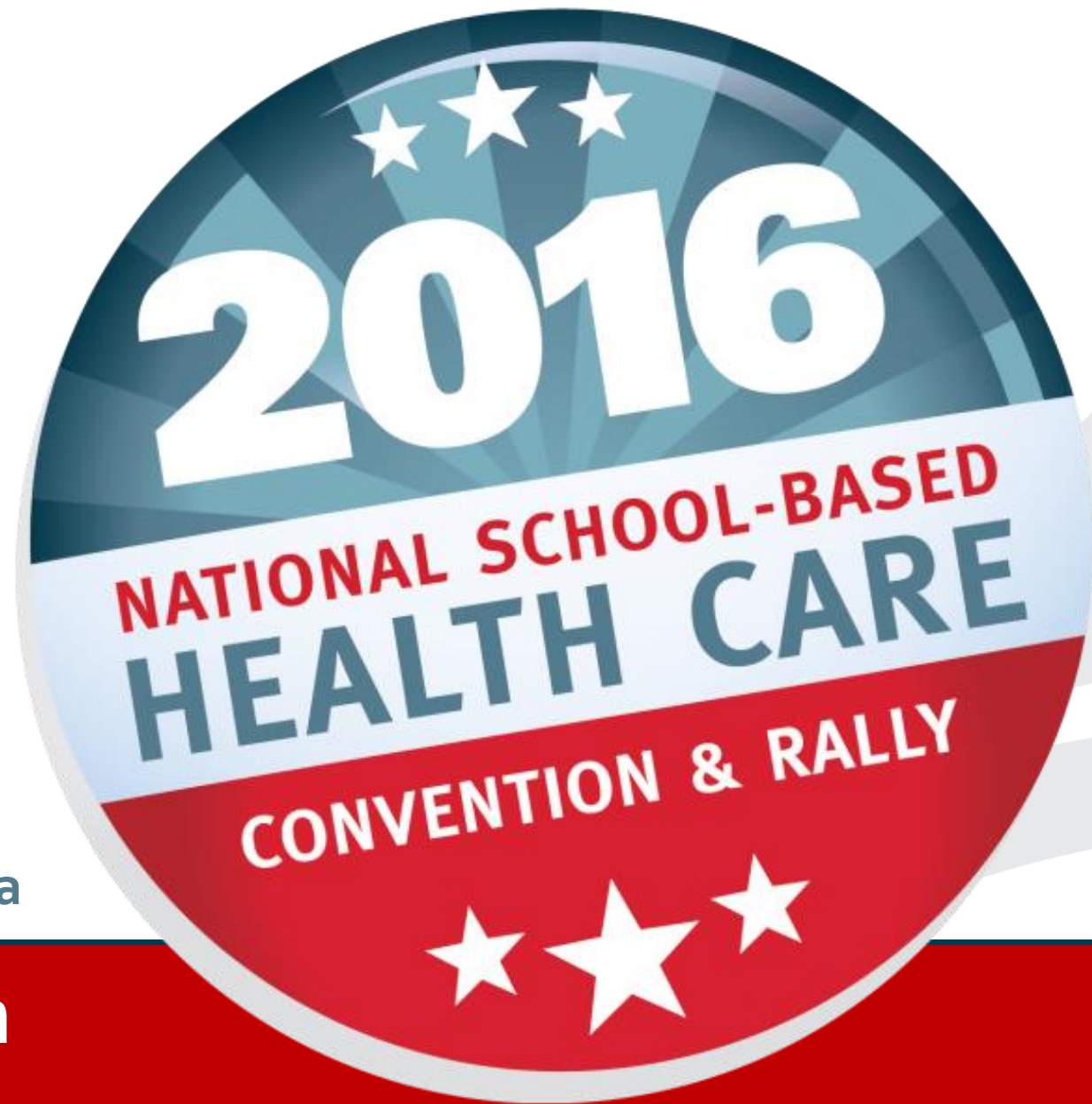
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BECOME A MEMBER!



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June 26-29, 2016
Arlington, Virginia

Registration
is Open!



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Questions?



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Additional Questions?

Contact us at:

info@sbh4all.org