

Rhode Island Department of Education

Guidance for School Telemedicine



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Introduction

The Rhode Island Department of Education (RIDE) recognizes the critical role that school-based health providers (SBHPs) and school administrators play in ensuring the health and wellbeing of students. This guidance document provides information and recommendations for SBHPs and school administrators regarding the use of telemedicine in schools. Telemedicine can help to improve access to health care services and reduce barriers to care and may help to reduce student absenteeism. During the COVID pandemic, telemedicine played a critical role in providing access to mental health treatment for students and families. While telemedicine’s prevalence increased during the pandemic, it has been around as a practice before the pandemic and will continue to be used post-pandemic.

What is Telemedicine?

Telemedicine is the use of technology to provide health care services remotely. Telemedicine can be used for various health care services, including medical, mental health, and substance use.

Telemedicine, as defined by the Rhode Island Department of Health, is “the delivery of healthcare where there is no in-person exchange ... and is a mode of delivering healthcare services, and public health utilizing information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from health care providers”.

Telemedicine in Schools

Telemedicine can be a valuable tool for schools to provide health care services to students who may not have access to care otherwise. Telemedicine can also be used to supplement in-person care and provide access to specialists who may not be available in the local area.

Telemedicine can be used for a variety of health care services in schools, including:

- Medical visits, such as assessments, diagnoses, and treatment of acute illnesses or injuries.
- Mental health visits, such as assessments, counseling, and therapy.
- Substance use services, such as assessments, counseling, and referrals.

- School telemedicine services benefit student patients by improving access to different types of care and specialists, reducing time away from class, and reducing time and travel costs for families (U.S. Department of Health and Human Services, N.D.).

Benefits & Challenges of School

Telemedicine:

School telemedicine is a valuable tool for enhancing healthcare access and promoting equity, particularly among individuals residing in low-income, medically underserved areas. It eliminates barriers to essential services by facilitating contact with state-certified healthcare professionals, which might otherwise be inaccessible for students and their families. This is especially crucial in rural regions where shortages of healthcare professionals and transportation hurdles are prevalent (Love, H., et.al.). While school telemedicine undeniably enhances access to care, it is vital to consider the broader advantages and challenges when developing your school telemedicine program.

Benefits:

1. **Enhanced Accessibility:** Eliminates barriers to accessing various healthcare services, including mental and physical health, by eliminating transportation issues.
2. **Professional Support for Families:** Connects families with licensed healthcare professionals, offering expert guidance and care.
3. **Improved School Attendance:** Facilitates better school attendance by addressing health concerns promptly, reducing absenteeism.
4. **Enhanced Collaborations:** Encourages stronger collaboration between schools and the community, specifically by enhancing the continuum of layered support systems.

Challenges:

1. **Dedicated Confidential Space:** Finding a dedicated space in some school buildings that ensures confidentiality and is suitable for delivering healthcare services can be challenging.
2. **Technology Dependence:** Effective technology is crucial to ensure that services can be accessed. A robust internet connection is essential for seamless telemedicine interactions.



3. **Patient Comfort and Relationship Building:** Some students and families may feel uncomfortable with telemedicine and struggle to establish meaningful relationships with their healthcare providers.

By recognizing these benefits and challenges, schools can implement telemedicine programs that maximize accessibility and effectiveness while addressing potential obstacles.

Recommendations for School Administrators

School administrators play a critical role in supporting the use of telemedicine in schools. Here are some recommendations for school administrators:

- **Develop a telemedicine policy:** Schools should develop a telemedicine policy that outlines the use of telemedicine in schools, including how telemedicine services will be provided, who will provide them, and how they will be reimbursed.
- **Identify a telemedicine coordinator:** Schools should identify a telemedicine coordinator who will be responsible for overseeing the implementation and coordination of telemedicine services in the school.
- **Ensure privacy and security:** Schools should ensure that telemedicine services are provided in a private and secure location and that all telemedicine sessions are conducted using a secure platform that meets HIPAA (Health Insurance Portability and Accountability) requirements.
- **Communicate with parents and guardians:** Schools should communicate with parents and guardians to inform them about the availability of telemedicine services in the school and how to access them.
- **Provide training and support:** Schools should provide training and support to SBHPs and other staff who will be providing telemedicine services.

Recommendations for School-Based Health Providers

SBHPs play a critical role in providing health care services to students. Here are some recommendations for SBHPs:

- **Obtain informed consent:** SBHPs should obtain informed consent from students and their parents or guardians before providing telemedicine services.
- **Ensure privacy and security:** SBHPs should ensure that telemedicine services are provided in a private and secure location and that all telemedicine sessions are conducted using a secure platform that meets HIPAA requirements.
- **Follow standard of care:** SBHPs should follow the same standard of care for telemedicine services as they would for in-person services.
- **Keep accurate records:** SBHPs should keep accurate and complete records of all telemedicine sessions, including documentation of any assessments, diagnoses, or treatment provided.
- **Communicate with school administrators:** SBHPs should communicate regularly with school administrators to ensure that telemedicine services are being provided effectively and efficiently.

Checklist for School Telemedicine Services

Needs Assessments for School Telemedicine Services

Before implementing telemedicine services in schools, it is important to conduct a needs assessment to determine the specific health care needs of the student population and identify any potential barriers to accessing care. A needs assessment can help to ensure that telemedicine services are tailored to meet the unique needs of the school and its students (School-Based Health Alliance, 2024).

Some key factors to consider when conducting a needs assessment for school telemedicine services include:

- **Student health needs:** What are the primary health care needs of the student population, and how can telemedicine services address these needs?
- **Staffing resources:** What staffing resources are available to provide telemedicine services, and what additional resources may be needed to support telemedicine services?
- **Technology resources:** What technology resources are available to support telemedicine services, and what additional resources may be needed to support telemedicine services?
- **Legal and regulatory requirements:** What legal and regulatory requirements must be met to provide telemedicine services in the school, and how can these requirements be addressed?

Organizational Readiness for School Telemedicine Services

In addition to conducting a needs assessment, it is important to assess the school's organizational readiness to implement telemedicine services. Organizational readiness refers to the school's capacity to successfully implement and sustain telemedicine services (School-Based Health Alliance, 2024)

Some key factors to consider when assessing organizational readiness for school telemedicine services include:

- **Leadership support:** Is there leadership support for telemedicine services, and are key stakeholders involved in the planning and implementation process?
- **Staffing resources:** Are there sufficient staffing resources (school-hired or community partners) to support telemedicine services, and are staff members adequately trained to provide telemedicine services?
- **Technology resources:** Are there sufficient technology resources to support telemedicine services, and are staff members adequately trained to use telemedicine technology?

- **Communication and collaboration:** Is there effective communication and collaboration between school staff, SBHPs, and telemedicine providers to ensure that telemedicine services are provided effectively and efficiently?

By conducting a needs assessment and assessing organizational readiness, schools can ensure that they are well-prepared to implement telemedicine services. This can help to ensure that students have access to the care they need when they need it.

School-based Telemedicine Program Models

All school-based telemedicine programs include three main components: service, delivery methods, and the school-based telemedicine team. The program model is based on the needs assessment outcomes and guides the development of the specific school-based telemedicine business plan, technology and equipment selections, implementation approach, and program evaluation (School-Based Health Alliance, 2023).

Telemedicine Services

School-based telemedicine services include prevention, diagnosis, treatment, management, health education, linkages, referrals, and care coordination. The needs assessment will narrow down which services the community needs.

Telemedicine Delivery Methods

As technology continues to expand telemedicine possibilities, it is important to remember that telemedicine is not a replacement for traditional care and is not appropriate for all services and all patients.

The School-Based Health Alliance (2024) recommends four common delivery methods for school-based telemedicine programs:

- **Comprehensive school-based health center and hybrid telemedicine:** The community health center sponsors a school-based health center at a fixed location in a school or on a school campus. Students access in-person care and receive specialty care via telemedicine from a distant site.

- **Comprehensive school-based health center and telehealth network:** A community health center sponsors a school-based health center at a fixed location in a school and provides in-person comprehensive care to students in that school. To expand access, the provider delivers care via telemedicine to students who are in other schools in the district or region. The provider rotates through the schools at regular intervals, alternating between offering in-person and telemedicine services depending on where they are located.
- **Telemedicine network and rotating onsite services:** A community health center does not sponsor a traditional, onsite school-based health center. Instead, the health center provides telemedicine care to one or more schools, with the health center as the distant site and the school as the originating site. The healthcare provider rotates between schools to provide in-person services.
- **Telemedicine exclusive:** Students access care at a fixed location (originating site) at school and providers are available remotely (distant site) for all services.

The School-Based Telemedicine Team

When thinking about the school-based telemedicine team, please consider the following from the School-Based Health Alliance Telehealth Playbook:

- Who will determine the process for managing appointments
- Who will train staff in skills to support the telemedicine services
- Who will work with the health care provider to ensure the workflow is smooth during the telemedicine appointment
- Who will provide communication to the students and families about telemedicine services

As the school-based telemedicine team is built, think of the following roles and functions:

- Program manager
- Program coordinator
- Telepresenter
- Providers
- IT (Information Technology) Staff
- Medical/Clinical director

Program Evaluation of the School Telemedicine Program

Evaluation is a critical component of any telemedicine program to ensure that it is effective and sustainable. A program evaluation can help identify areas of strength, areas for improvement, and provide valuable data for reporting and funding purposes.

Some key factors to consider when evaluating a school telemedicine program include:

- **Utilization of Services:** How frequently are the telemedicine services being used? Are they being utilized by the targeted population?
- **Patient Satisfaction:** What is the level of satisfaction among students, parents, and staff who have used the telemedicine services? Are they satisfied with the quality of care provided?
- **Clinical Outcomes:** What is the impact of the telemedicine program on student health outcomes? Are there improvements in student health outcomes such as reduced absenteeism, improved academic performance, and better management of chronic health conditions?
- **Cost-Effectiveness:** What is the cost-effectiveness of the telemedicine program? Is it cost-effective compared to traditional health care services?
- **Technical Reliability:** How reliable is the technology used for the telemedicine program? Are there any technical issues or barriers that need to be addressed?
- **Staffing:** Are the telemedicine services being provided by qualified and trained staff? Are staffing levels appropriate to meet the needs of the student population?
- **Legal and Regulatory Compliance:** Is the program in compliance with all legal and regulatory requirements?

By evaluating the school telemedicine program on these key factors, schools can identify areas of success and areas for improvement and make informed decisions about how to best utilize and expand the program. Program evaluation can also help demonstrate the value of the telemedicine program to stakeholders, funders, and the community.

Considering Consent for Treatment

The School-Based Health Alliance (2024) provides guidance on establishing an effective consent process, which is crucial for the successful delivery of school telemedicine services. The following steps are recommended:

1. Development of Consent Forms

a. When creating consent forms, it is advisable to collaborate with the district's legal team to ensure that the form includes essential information, such as demographic details, consent for treatment, HIPAA Authorization, and FERPA compliance.

2. Consent Distribution

a. Consider the method of delivering the consent form to families. This can be done at the start of the school year, alongside other forms requiring signatures, or electronically through a consent link.

3. Consent Form Processing

a. Plan for the collection of completed consent forms and determine the storage method, whether they are paper or electronic consents.

4. Consent Form Sharing

a. Establish a system for sharing an up-to-date list of enrolled students with relevant school health staff, including the school nurse, counselor, social worker, and others.

Similar to other school-related services, obtaining consent for treatment is a fundamental requirement for school telemedicine services. Consent is achieved when a patient and a provider communicate, resulting in the patient's agreement to undergo a specific medical procedure. In most school-based health services, students typically require their parent or guardian to provide consent for treatment. In Rhode Island, individuals aged sixteen (16) and older have the legal right to consent to routine, emergency, medical, or surgical care (RI General Laws 23-4.6-1). When a student aged 16 or older consents to treatment, these services must be maintained confidentially, as healthcare providers are legally obligated not to disclose this information, even to parents or guardians. It's essential that consent forms are signed before any medical visit.

School telemedicine, along with other school-based health services, greatly enhances access for young people aged 16 and older to receive medical services in a genuinely confidential manner.

We recommend consulting your Local Education Agency's legal team when designing the consent form for treatment.

Sustainability Considerations

In Rhode Island, Medicaid and private insurance covers telemedicine for “medically necessary” services such as medical, surgical, or other services required for the prevention, diagnosis, cure, or treatment of health-related conditions. Whether the school telemedicine program is in-house or contracted with a community partner, it is recommended to bill insurance to reimburse healthcare services to ensure the long-term viability of the program. Schools are encouraged to verify coverage details with insurance providers and consult with legal counsel and community health partners regarding billing health insurance to ensure compliance with relevant laws and regulations, fostering a proactive approach to legal compliance and financial stability.

Effective School Partnerships in School Telemedicine

When developing a school telemedicine program, it is crucial to consider the partnership between the Local Education Agency (LEA) and the community partner responsible for providing services. Best practices include the creation of a Memorandum of Understanding (MOU) between the LEA and community partners to establish effective school-community partnerships that align with the school telemedicine program's objectives. Community partners may not always be fully aware of the varying legal obligations that pertain to school-based and community-based healthcare. It is of utmost importance that both school-employed professionals and community-based professionals have a clear understanding of the distinct regulations, particularly those related to the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA), to proactively manage and mitigate potential conflicts.

Developing a comprehensive MOU that outlines the terms of the partnership is key to fostering an effective school-community collaboration. Please consider incorporating the following

recommended components of an MOU from the National Center of School Mental Health and the National Association of School Psychologists (N.D):

1. **Roles and Responsibilities:** Define the specific responsibilities of each party, including roles in service provision, data collection and reporting, confidentiality agreements, information sharing protocols, and participation in team meetings, trainings, and professional development.
2. **Fiscal and Resource Agreement:** Clearly outline the financial arrangements and resource allocation, specifying the details of the payment exchange process.
3. **Duration and Termination:** Specify the anticipated duration of the partnership and establish a procedure for terminating the partnership, should the need arise, by either party.
4. **Communication Plan:** Describe how effective communication will be maintained between the school and the community provider. This should encompass communication with teachers, families, and other relevant stakeholders, as well as the process for referring students to the services.

Local Example: Narragansett School System Tele-Behavioral Health Program

The Narragansett School System Tele-Behavioral Health Program addresses the critical need for mental health support among children and youth within the school setting. By leveraging telemedicine technology, the program offers accessible and early intervention services to students facing behavioral and mental health challenges. Through a collaborative effort involving the Washington County Coalition for Children, Thundermist Health Center of South County, and Narragansett School System, the program aims to provide comprehensive care to support the holistic well-being of students.

How it Works: A Community Health Worker (CHW), stationed at both middle and high schools, acts as the program's frontline liaison. The CHW establishes rapport with school staff and students, conducts intake appointments, facilitates referrals to appropriate behavioral health providers, coordinates care between stakeholders, and ensures seamless integration of services. Additionally, the CHW assists students and families in accessing various health and social services beyond behavioral health support.

Impact: In its inaugural year, the program served 32 students, conducting 151 counseling appointments with a high satisfaction rate of 83%. Common concerns addressed included anxiety, depression, and substance use. Notably, many students received mental health treatment for the first time through this initiative, indicating its effectiveness in bridging gaps in access to care.

Challenges and Solutions: Implementing telemedicine in schools presented challenges such as setting up new systems and garnering staff buy-in. However, through perseverance, leadership support, and organizational strategies, these obstacles were overcome. Additionally, addressing scheduling complexities and ensuring program comprehension among stakeholders were crucial steps in ensuring smooth operations.

Lessons Learned: Key elements for success include fostering a collaborative spirit, embracing flexibility, and cultivating capable and committed staff. Adaptability within large settings and effective evaluation mechanisms are imperative for ongoing improvement.

Collaboration: The program fosters collaboration between schools and health/behavioral health providers, recognizing the shared responsibility in meeting students' holistic needs. With over two decades of collaborative efforts, the Washington County Coalition for Children underscores the importance of inter-system collaboration in addressing youth behavioral health.

Sustainability: While behavioral health services are largely covered by insurance, securing sustainable funding for the CHW position remains essential. While Medicaid reimbursement partially supports this, long-term sustainability hinges on securing additional funding sources, such as state support, to ensure continued program success and expansion.

Conclusion

In conclusion, School Telemedicine Programs serve as a crucial bridge to close the resource gap, ensuring that all students have access to essential healthcare services. This equitable and valuable tool empowers schools to address the diverse needs of their students, fostering a healthier and more supportive learning environment for every individual.

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