

# **Telehealth Technology: What Comes Next? Considerations for School Based Health**

**A Program of the:**



# Today's Speakers



Reid Plimpton is the Project Manager for the federally funded (HRSA/FORHP) Northeast Telehealth Resource Center, a member of the National Consortium of Telehealth Resource Centers. While assisting organizations in developing, implementing, and expanding telehealth programs, he researches and tracks telehealth reimbursement policies, legal and regulatory issues, model programs, telehealth technology, and other topics. Mr. Plimpton completed his Master of Public Health with Honors from The Dartmouth Institute for Health Policy and Clinical Practice in June of 2019.



Lloyd Sirmons is the Director of the Southeastern Telehealth Resource Center (SETRC) which is part of the National Consortium of Telehealth Resource Centers and their service area include Alabama, Florida, Georgia, and South Carolina. He worked a number of years with Columbus Regional as a System's Analyst before entering into full time ministry where he served in pastoral leadership for nearly fourteen years before joining the Georgia Partnership for Telehealth team in August of 2010 as the BTOP (Broadband Technologies Opportunities Program) Project Director.



# Telehealth Technology: What Comes Next?

## Considerations for School Based Health

**Reid Plimpton, MPH**

Program Manager

Northeast Telehealth Resource Center

Medical Care Development, Inc.

[Rplimpton@mcdph.org](mailto:Rplimpton@mcdph.org)

[www.NETRC.org](http://www.NETRC.org)

**NORTHEAST  
TELEHEALTH**

RESOURCE CENTER **NETRC.org**



**Lloyd Sirmons**

Director

Southeast Telehealth Resource Center

[Lloyd.sirmons@setrc.us](mailto:Lloyd.sirmons@setrc.us)

912-490-5010

SOUTHEASTERN

**telehealth**

RESOURCE CENTER

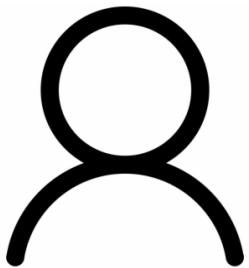
# Housekeeping Information



This session is being recorded and will be available to you after.



If you have questions during the webinar, please type your questions into the chat.



## **This is Your Time Too!**

Please do not hesitate to stop me on a section; we would rather discuss while it's on your mind than miss the question!



## **Questions Following This Event?**

If you have questions about this training, please email either [judyduhl9@gmail.com](mailto:judyduhl9@gmail.com) or [katy@adkhealthsolutions.com](mailto:katy@adkhealthsolutions.com)

# Northeast Telehealth Resource Center

# MCD



MCD  
Public Health



MCDI  
MEDICAL CARE DEVELOPMENT INTERNATIONAL

MEDICAL CARE DEVELOPMENT, INC.

THE  
University of Vermont  
MEDICAL CENTER



NATIONAL CONSORTIUM OF  
**TELEHEALTH**  
RESOURCE CENTERS

*NETRC is made possible by grants G22RH30352, and 1 U1UTH42523-01-00 from the Federal Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.*

## About Us:

NETRC aims to increase access to quality health care services for rural and medically underserved populations through telehealth. We serve New England and New York, and are a proud member of the National Consortium of Telehealth Resource Centers.

## Disclaimer:

- Any information provided by NETRC is for educational purposes only and should not be regarded as legal advice.
- Neither NETRC nor I (Reid) have any financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this webinar.

[www.NETRC.org](http://www.NETRC.org)

# Disclaimer and Acknowledgements

- Any information provided today is not to be regarded as legal advice.
- NETRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this webinar.

## **Acknowledgements:**

Mei Kwong, CCHP

National Consortium of Telehealth Resource Centers

# Disclosure

The SETRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.

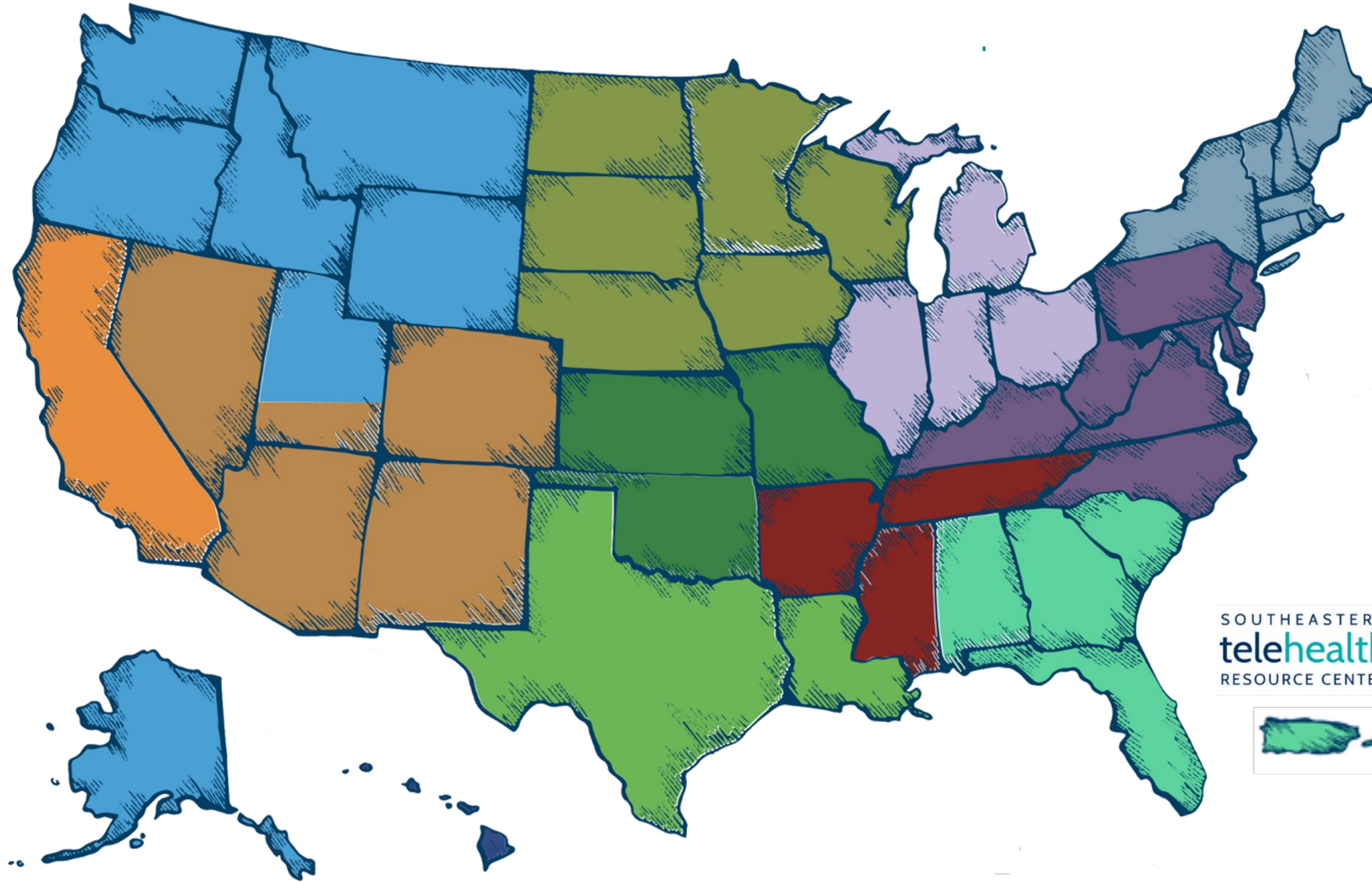
Information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Always consult with legal counsel.



# HRSA Funded Telehealth Resource Centers

[www.telehealthresourcecenter.org](http://www.telehealthresourcecenter.org)



NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC
12 REGIONAL RESOURCE CENTERS		



2 NATIONAL RESOURCE CENTERS

SOUTHEASTERN  
telehealth  
RESOURCE CENTER





# Services the TRCs Provide

As a TRC we assist health care organizations, networks, and physicians/health providers in implementing cost-effective telehealth programs.

We also assist with:

- Equipment selection
- Policy
- Practice Guidelines
- Program Development
- Business Models
- Much more!



# TRC Resources

[www.telehealthresourcecenter.org](http://www.telehealthresourcecenter.org)

[www.setrc.us](http://www.setrc.us)

[www.cchpca.org](http://www.cchpca.org)

<https://track.govhawk.com/reports/M6gz1/public>

<https://www.americantelemed.org/>

# 3 Things We Do

---

Assist – Technical Assistance

Outreach – conferences, webinars, etc.

Educate - trainings





# School Health

---

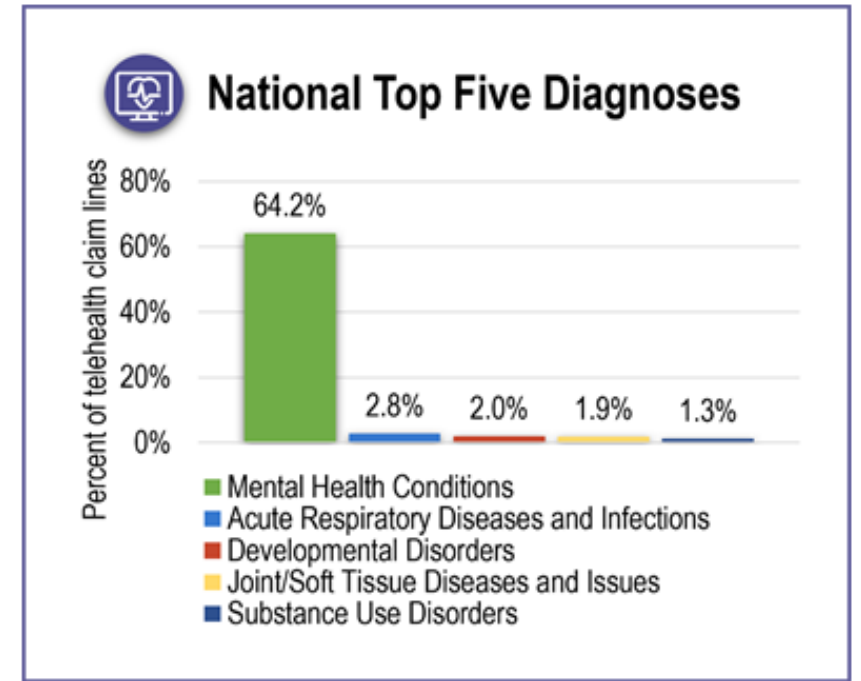


School-Based Telehealth Centers should allow students with health concerns to connect to a provider for:

- Acute Illness Services  
(flu, earache, strep)
- Chronic Illness Management  
(asthma, diabetes)
- Mental Health Services  
(medication management,  
behavioral health therapy)
- Special Education Therapies  
(Speech, OT, PT)
- Health Education

# The Need

- The need for TMH services derives first and foremost out of accessibility. While clients in need of mental health treatment exist in every corner of the country and the world, providers do not. This is particularly true in rural areas, where even when clinicians are in the area, they are not easily accessed if individuals lack the necessary resources.
- "There is a low number of child psychiatrists in the nation," says Evelyn Orozco, PhD, program director of Rutgers University Behavioral Health Care. "There are 8,000 [child psychiatrists] that provide services in the nation. In the urban and rural area, that number is even lower.
- "The expectation," she continues, "is that there will be a need for more than 12,000 child psychiatrists when approximately 8,300 will be expected to be functioning and working in society."  
(<https://www.socialworktoday.com/archive/MA18p18.shtml>)



*Fairhealth Monthly Telehealth Regional Tracker, Feb 2022*

# Benefits and Challenges of School-based Telemedicine

- Eliminates transportation barriers for families
- Enhances continuity of care by including school personnel in the health plan of care
- Adds value to the existing school health services
- Keeps the child in school and the parents at work
- Provides quick access to non-emergent care with minimal inconvenience to the parent
- Reduces costs:
  - keeps the child out of the ED for non-emergent health issues
  - schools can utilize off-site providers in a more timely and productive way without having to hire additional staff
  - decreases unnecessary absenteeism and early dismissal rates for students
  - decreases substitute teacher usage if services open to faculty and staff



# Challenges of School-based Telemedicine

- Funding
- Technology
- Buy In:
  - School nurses and other school staff
  - School administration
  - Providers
  - Parents and community



# Equipment

---

# Equipment (Stethoscopes)





# Equipment

---

## (Otosscopes)

# Technology: Video Visits & Telehealth Carts

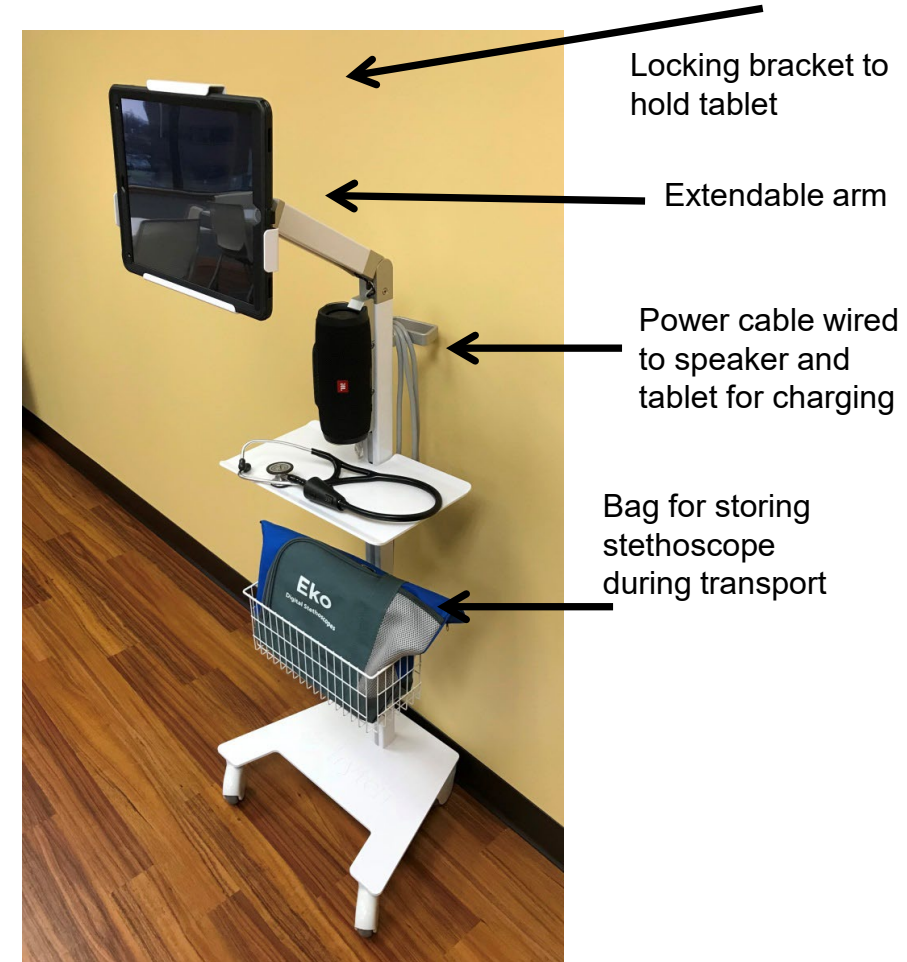


iPad Pro in rugged case  
w/ videoconferencing and  
stethoscope apps

Speaker for enhanced  
audio quality

Eko CORE  
Digital  
Stethoscope

Tryten NOVA 2  
Medical Tablet  
Cart





# Field Kits



Touch Screen Laptop



Stethoscope



Pulse Oximeter



12-Lead ECG



Ultrasound



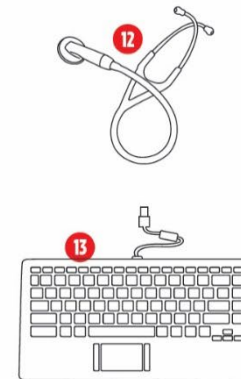
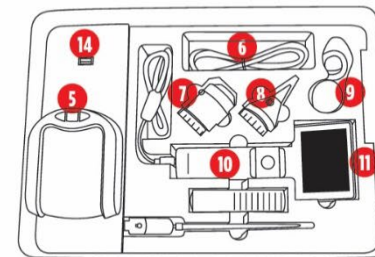
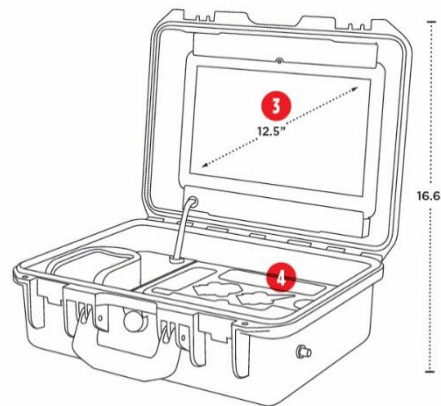
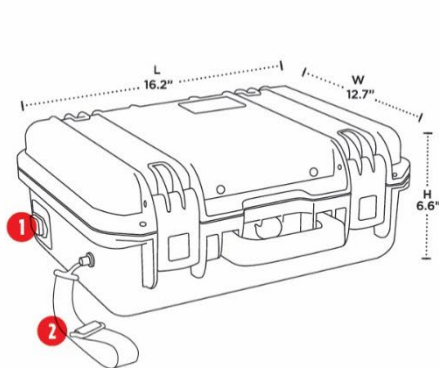
All-in-one (AIO) Scope



Speakerphone

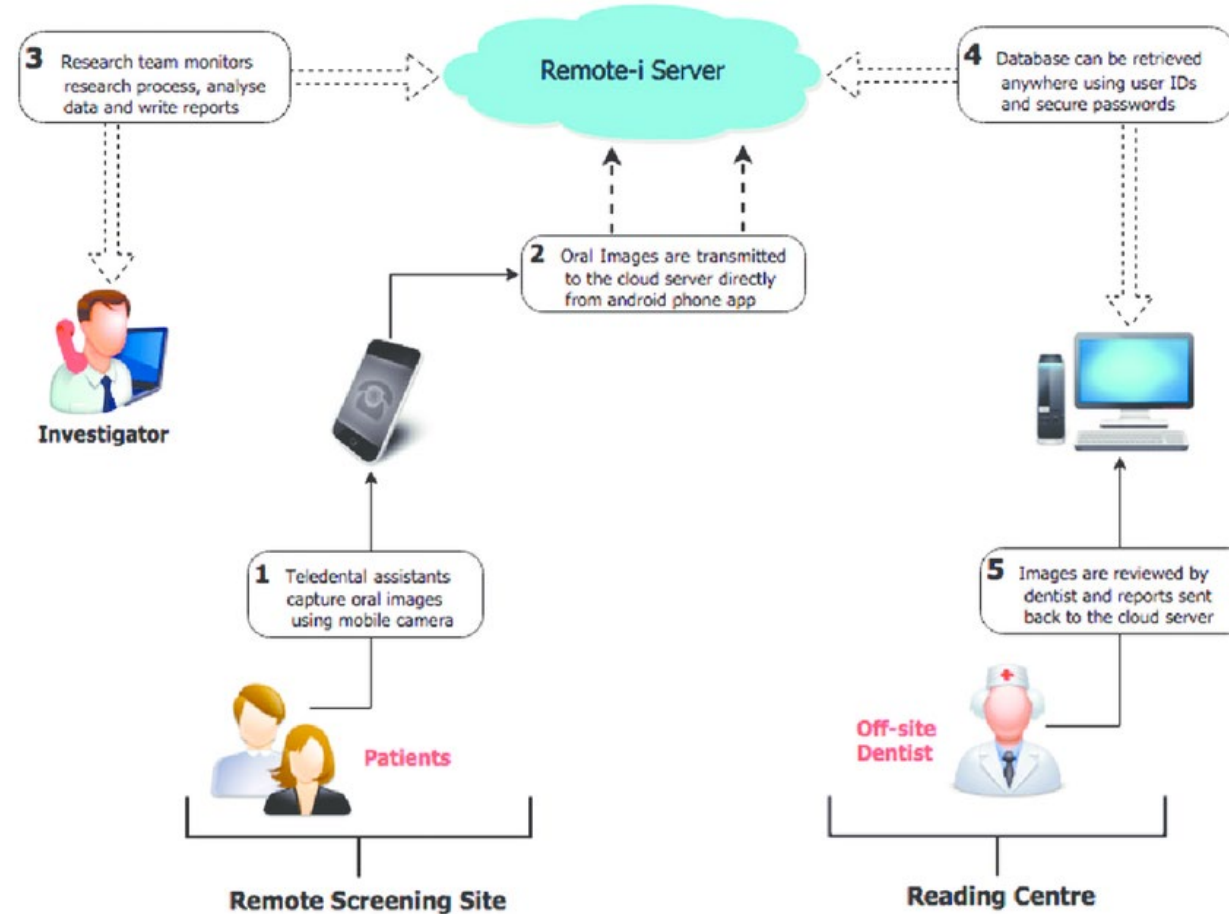


HD Webcam





# Technology: Asynchronous Consults



Estai, Mohamed & Kanagasingam, Yogesan & Xiao, Di & Vignarajan, Janardhan & Huang, Boyen & Kruger, Estie & Tennant, Marc. (2016). A proof-of-concept evaluation of a cloud-based store-and-forward telemedicine app for screening for oral diseases. *Journal of Telemedicine and Telecare*. 22. 319-325. 10.1177/1357633X15604554.

# TeleWow!

## Eastern Maine Medical Center:

- WOW! Program: Way to Optimal Weight - tiered program for children and adolescents (age 4-19), with body mass index (BMI) at or above 85<sup>th</sup> percentile designed for children who are at higher risk for weight related health problems

## Program Description and Outcomes:

- Multidisciplinary visits via live videoconferencing
  - MSW, clinician, and nutritionist take turns
- Benefits Include:
  - Provides program access and health benefits to patients in some of Maine's most rural communities
  - High Patient and family satisfaction – decreased travel time/cost
  - High satisfaction among provider team

Weight loss program for kids at EMMC works to boost confidence, teach healthy lifestyles



Courtesy of EMMC Community Relations

# School-based Telepsychiatry

## Athol Hospital/Heywood Healthcare (MA):

- Critical access, non-profit acute care hospital serving 9 Communities in North Quabbin Region.

## Program Description and Outcomes:

- Collaborative program between hospital, school district, and behavioral health, initially supported by grant funds
- Benefits Include:
  - Increased access to vital child psychiatric services
  - Improved medication management
  - High student, family and provider satisfaction
  - Anticipated outcomes: Decreased ED utilization and improved academic achievement



*Photo courtesy of AMD Global Telemedicine*

Launched 1st school in 2016 – funding from MA HPC and HRSA to expand to four more!

# Athol Hospital/Heywood Healthcare (MA): Processes

## REFFERAL:

- Mainly through Guidance Department/Student Services Department
- School Psychologist, Nurse, Adjustment Counselors, Teachers, Admin, students/families may refer

## OUTREACH:

- Soft hand off to CHW from referral source
- CHW reaches out to parent/guardian directly

## INTAKE:

- Clinical Intake is completed with guardian(s), CHW and Clinician (via ZOOM)
  - Completed at school or virtually
- Students over 18 may complete their own intake



# Athol Hospital/Heywood Healthcare (MA): Set Up

## SESSIONS/SPACE:

- Sessions are scheduled during UA periods and not during core class times
- Sessions are usually weekly for 45 minutes
- Sessions occur in private confidential space with just student and clinician via ZOOM
- Space is complete with fidgets, art supplies, journals, puzzles, etc.
- CHW stays nearby to assist with technical or other needs
- CHW checks in with student before and after each session



# Athol Hospital/Heywood Healthcare (MA): Processes

## COMMUNICATION:

- CHW emails teacher and students weekly reminders about each appointment
- CHW meets with Guidance team weekly; Clinician may ZOOM in for meeting as well
- Clinician can ZOOM in for IEP or 504 meetings

## CRISIS:

- Clinician is immediately available for Tele students in crisis during school day
  - Clinician works with school staff and family
- School crisis protocol is still followed

## COMMUNITY RESOURCES

- CHW works with families on needs
  - Housing, food, clothing, recreation, etc.
- CHW is resource for school not just TELE Program





# Tele-Tech Things to consider

## Provider & Patient Video Etiquette

- Camera Placement
- Microphone Quality
- Identification Verification Protocols
- Speed of Speech (speak slower due to potential delays)
- Mute yourself when typing

## Room Design

- Lighting
- Background Considerations (Door closed, Window Visibility, etc.)
- Example: Specific Room dedicated to video visits vs. Transportable Tech. w/accompanying protocols?

## Tech Considerations

- Wired (Ethernet) vs. Wi-Fi when utilizing Video
- EHR Integration



# P4

## (Proper Pre-Planning and practice)

- Make sure you have real technical experts at the provider and patient sites
  - Don't count on yourself to troubleshoot and solve all problems!
  - Build redundancy into the system
    - Cell phones, land lines, and other ways to reach your tech team for urgent needs
- Ensure that you have a safety plan in case you identify a problem that requires immediate attention for safety
  - In the nursing home, it is very possible to have elders with suicidal ideation, suicide plans, suicide behaviors



Practice!

Practice!

Practice!

Make sure to do several telemedicine test runs so you can identify potential problems with the service

- How was your connection?
  - Did you have any dropped packets or calls?
- How did it work for you?
  - Did you have good telepresence?
- How did it work for the distant site?
  - Did you have good telepresence?
  - Did key personnel at the distant site identify any problems?
    - Take all comments seriously and act on them!



# Look at the Camera!





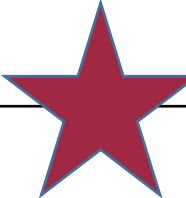
# Tips to Get Started



- Find a **champion!**
- Think **big**, Start small
- Focus time, effort and \$ on **program development and a sustainable business model**, then choose technology that fits your plan
- **Keep technology simple** when possible – what fits your needs and budget?
- **Reach out** to folks who have already done this! (And your Regional TRC!)
- **Lead advocacy efforts** for program development and policy growth

# Planning For Early Success and Wins

	Low Impact	High Impact
High Effort	<i>Do not start here!</i>	
Low Effort		<i>Early wins can gain momentum and trust</i>





# Vital Considerations for Telehealth Going Forward

## Patients

- Digital literacy
- Technology support
- Interpreting services
- Supports for disabilities

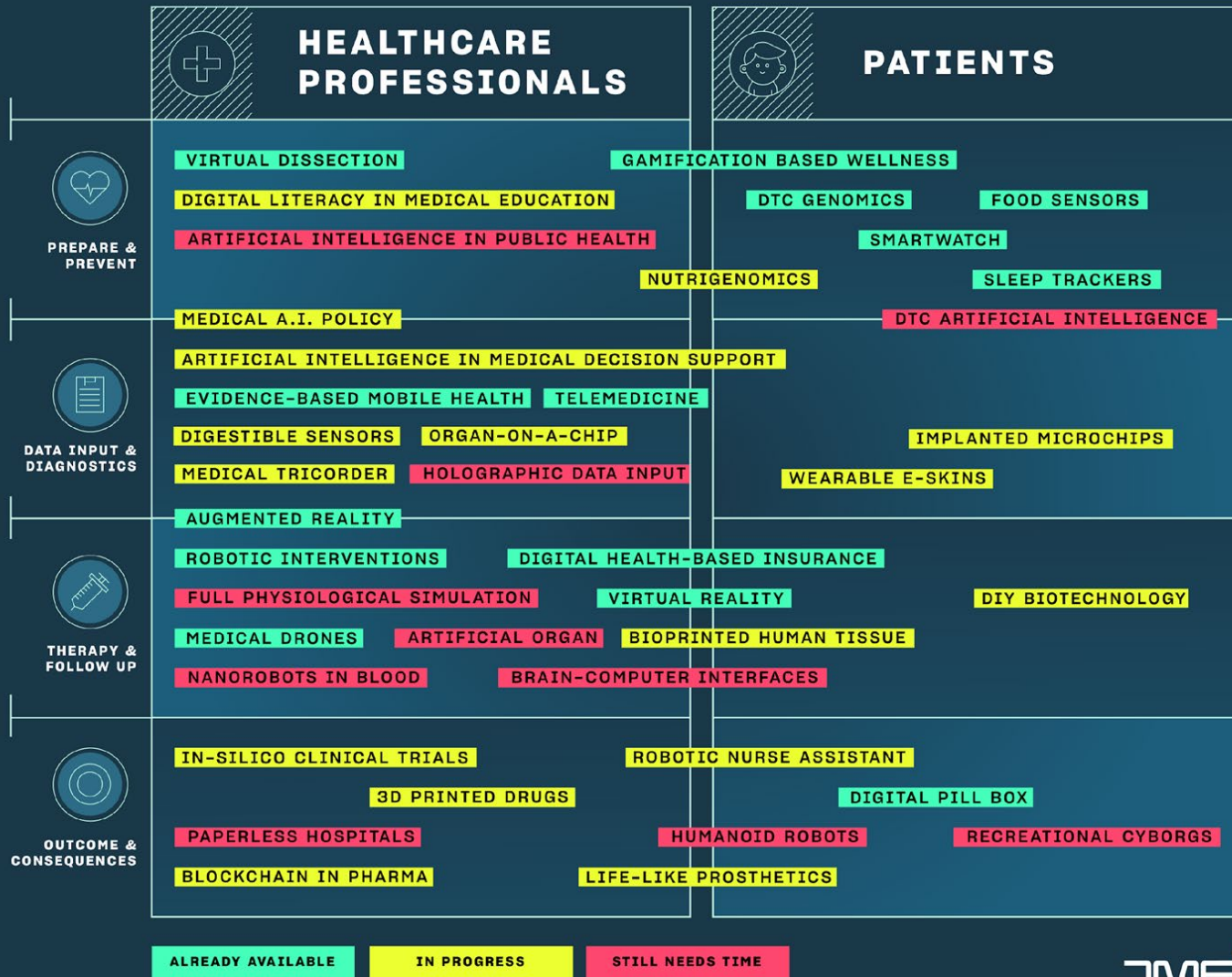
## Both

- Ease of use
- Access to technology
- Access to internet
- Continuity of care
- Privacy/security concerns

## Providers

- Provider & staff training
- Legal and regulatory
- Licensure barriers
- Evolving policy
- Others?

# THE GUIDE TO THE FUTURE OF MEDICINE



# Contact Us



**Danielle Louder**

Program Director, NETRC  
Co-Director, MCD Public Health  
Email: [DLouder@mcdph.org](mailto:DLouder@mcdph.org)



**Andrew Solomon, MPH**

Senior Program Manager, NETRC  
Email: [Asolomon@mcd.org](mailto:Asolomon@mcd.org)



**Reid Plimpton, MPH**

Project Manager, NETRC  
Email: [Rplimpton@mcdph.org](mailto:Rplimpton@mcdph.org)



**[www.netrc.org](http://www.netrc.org) | 800-379-2021**

# Thank you!

This presentation was made possible by the 14 Telehealth Resource Centers and administered through grant #G22RH30365 from the Office for the Advancement of Telehealth, Federal Office of Rural Health Policy, Health Resources and Services Administration, Department of Health and Human Services.

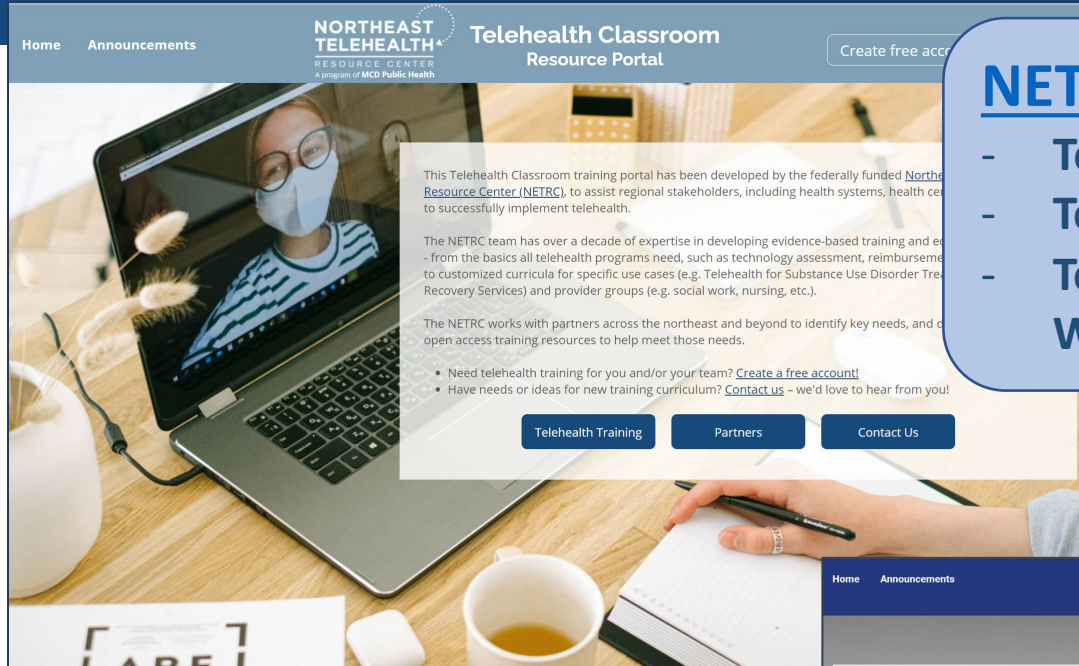


# Additional Resources and References





# NETRC Training Resources



## NETRC Telehealth Classroom!

- TeleSUD TxRs Toolkit
- Telehealth for Primary Care Toolkit
- Telehealth for Community Health Workers (CHWs) Toolkit

**Check These Out as Well!**  
[NETRC Telehealth Resource Library](#)  
[CTRC Telehealth Course Finder](#)

