Healthy Students Promising Futures

Building a School-Based Telehealth Program in South Carolina

A Healthy Students, Promising Futures
Learning Collaborative Case Study

New opportunities exist in health and education policies and programs to advance the role schools can play in supporting children's health and improving equity in health and education. The Healthy Students, Promising Futures Learning Collaborative (HSPF) is pleased to elevate promising practices and innovative models for leveraging these opportunities.

In 2016, with support from Healthy Schools Campaign and Trust for America's Health, the U.S. Departments of Education and Health and Human Services launched HSPF out of the growing recognition of the connection between health and learning. Healthy Schools Campaign and Trust for America's Health now lead HSPF and provide supports to 15 states teams working to create healthier students by increasing Medicaid services in school and promoting safe and supportive learning environments. State teams include representatives from the state education agency, state Medicaid agency, school districts, and in some cases, state and local advocates, public health or others. HSPF provides an opportunity for state teams to come together to rethink how school health services are delivered, leverage policy opportunities to create more comprehensive and coordinated care in schools and provide safe and supportive learning environments to support the current and future health and success of children across the country. This Collaborative is supported by a network of national partner organizations.

The following case study highlights the HSPF South Carolina Team's progress in expanding access to school health services through telehealth.

South Carolina's Story

South Carolina is a very rural state with significant health care deserts; for example, some counties have no pediatricians. This creates barriers to care and results in poor health care outcomes and significant health disparities. In 2013, telehealth emerged as a viable way to improve access to services across the state. Building off existing partnerships, telehealth programs organically spread, with clinicians serving as local champions in some communities. As momentum grew, telehealth got a push forward when a pediatrician, Dr. Jimmy McElligott (now Executive Medical Director of Telehealth at Medical University of South Carolina (MUSC)) became personally involved. Dr. McElligott went to the South Carolina legislature to highlight the importance of telehealth—and telehealth partnerships. That advocacy resulted in the legislature providing funding and support for telehealth across South Carolina and the creation of the South Carolina Telehealth Alliance (SCTA).

South Carolina's school-based telehealth program increases access to health care by linking students in school-based settings with providers through technology. There are over 80 schools across the state with access to school-based telehealth services, focused on areas with high health care disparities. The program's positive impacts are clear: students receive increased access to health care; a feedback loop ensures students' medical homes are fully informed; and relationships between communities that support student health are built.

The Nuts and Bolts

South Carolina's school-based telehealth program provides treatment for acute illnesses (e.g., ear infections, sore throat) and chronic care management for select conditions (e.g., asthma, Attention Deficit Hyperactivity Disorder.) Secure video conferencing equipment is used along with peripherals including an electronic otoscope, stethoscope, and exam camera.

A nurse practitioner or a pediatrician from MUSC, or the local community, examines the student with the assistance of the school nurse or a telepresenter. A telepresenter is an individual who is trained on the technology to facilitate the exam under the guidance of a provider.

In practice, a child comes to see the school nurse with a complaint, and the nurse follows standard protocol. However, at the point where the nurse would usually call the parent to pick up their child, if the student has a completed consent form on file, they are able to initiate a telehealth visit.

Following the visit, the provider sends a note to the student's primary care provider. The goal is to support the student's medical home by providing complete, wrap-around information and care. Additional goals of the program include reducing missed class time for students, reducing unnecessary emergency room visits, and reducing missed work time for parents.

The program is funded through several sources. The South Carolina legislature dedicates a stream of funding and the Duke Endowment has provided funding to the program. Notably, Medicaid reimburses for telehealth visits; schools are reimbursed a facility fee, and the provider is reimbursed for the service.

Partners

South Carolina's successful school-based telehealth program is the result of close collaboration and communication between many different partners in the state. Visible champions, like Dr. Jimmy McElligott and Dr. Kathryn Cristaldi, Medical Director, School-Based Health at MUSC, helped propel telemedicine forward and dedicated collaboration between the state education and Medicaid agencies, school districts and health care providers paved the way to success.

Key relationships and partnerships include:

- The South Carolina Departments of Education and Health and Human Services (DHHS), including the Healthy Connections, the Medicaid program, spent a significant amount of time early in the process learning from each other, identifying potential barriers—and addressing them, and building out the processes that were needed for training and implementation.
- MUSC Health and SC Department of Education legal counsels worked to develop agreements and consents form templates for the state
- School districts' early participation ensured buy-in for the rollout of the program since their issues were heard and addressed.
- In addition to leveraging their visibility, MUSC through the SCTA played a critical role as a health care provider system, adding medical and technical expertise, and providing the connections to support the expansion of school-based telehealth.

Each of these relationships strengthened the team who built the pilot program. Together, they developed a program that worked for all stakeholders—and moreover a program in which all participants were invested.

Keys to Success

There were many factors that contributed to the development and success of this project.

Well-documented student need and piloted solution
The problem of health disparities and lack of access to care for children in South Carolina are well documented and clearly articulated. In addition, telehealth had already been piloted in certain schools as a test case.

Community engagement
Intentionally building a strong and diverse advisory council from the beginning in a new school district supports early buy-in and builds trust among stakeholders. In South Carolina, community ambassador boards are created in select communities to ensure ongoing communication between the end users, MUSC and other key parties. The boards might include school nurses and staff, community members, primary care providers and parents. In South Carolina, this strategy has played a key role in securing early buy-in and also helps ensure the needs of the end users (schools and students) are kept in mind.

Engaged strong and dedicated champions
The passion of the community-level providers initiated this project and made it possible. Their advocacy with MUSC and the Education and Medicaid agencies moved the program to the next level. In South Carolina, champion found success by engaging the Legislature. While that may not be replicable in every state, in this case, it led to a State strategic plan and dedicated funding. In addition, the Education agency has been a champion of the telehealth program which has made a big impact on the program's success.

Were realistic about the timeframe
The South Carolina program was developed over the course of several years. Implementing a telehealth program takes time and requires several iterations to get up and running efficiently. Being realistic about the timeframe and how to incrementally move forward helps set appropriate expectations.

Addressed barriers in advance (not at implementation)
Thinking ahead—and thinking smartly—is important. For South Carolina, this meant continuously asking the question: what do school districts need to feel comfortable implementing telehealth? It has been very beneficial for school districts to know that the Department of Education is behind the effort.

Tackled Privacy, Data Sharing and Parental Consent
South Carolina involved their legal teams from the beginning who worked through the intricacies of the privacy and other relevant laws. Documentation and guidance were developed that took time and lots of back and forth but ultimately paved the way to success.

Documented, Trained and Monitored
South Carolina was successful in part due to their work creating guidance up front, investing in good training, strong communication and coordination between partners to ensure that the program is appropriately implemented, and continually monitoring the results.

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