



School-Based Telehealth

Education and Mental Health Coordinating Council
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SBTH Program Objectives

Health Equity for K-12 students

Overcome barriers to healthcare by increasing access to healthcare

Decrease health disparities

Decrease healthcare costs



Reduce Absenteeism

27% of Utah students are chronically absent

37% of Utah students living in poverty were chronically absent



Increase funding for Health Professionals in Schools

Overall physical and mental health well-being of students is key to optimizing student success in school





Utah Children <18 years of age

- Utah has highest population of children <18 years of age in the United States at 28.4%
- 4.8% lacked health insurance coverage (National 5.7%). 53.1% of those uninsured are over 200% FPL
- 9.9% (91,433) were living in poverty (National 16.8%)
- In 2021, 41.2% of Utah high school students felt sad or hopeless, 22.3% seriously considered attempting suicide & 8.9% attempted suicide
- 25,048 students diagnosed with a mental health condition in 2022-2023, a 40% increase from prior year

Health Provider Outlook & Affordability

- Nationally, 13 million children under the age of 18 years lived in rural communities, many of whom live in communities with health provider shortages
- Approximately 35% of physicians will be retirement age in the next 5 years resulting in a national physician shortage of up to 125,000 doctors
- Utah adults who reported being unable to see a doctor in last 12 months due to cost was 10.3% in 2020 (National 11.2%)

Why Telehealth?

- ✓ Valuable tool to reduce disparities and provide equitable access for families to primary and specialty healthcare
- ✓ Shown to decrease hospitalization, emergency care and school absenteeism; diminish the financial burden on families; and reduce healthcare costs
- ✓ School-based services delivered via telehealth have shown promising results to improve social, emotional, and behavioral outcomes among school-aged children in need of a school psychologist, especially in rural settings where psychologist travel time is a real concern
- ✓ After telemedicine was implemented, researchers found that students in grades 3-8 who had access to telemedicine at school missed on average 10 percent fewer days of school (.8 days in a typical school year) and were 29 percent less likely to become chronically absent, than before the schools implemented telehealth
- ✓ The Medical University of South Carolina (MUSC) physical and mental health telehealth program services 100 schools. The program has seen a 95%-97% rate of return to class of students, saving missed school days & further appointments.



Coordination and Collaboration

Mental, Behavioral & Physical health are interconnected. We must treat the child as a whole person for overall health and wellness.



School Nurses

Focus on physical health but trained in mental health & de-escalation
Coordinate student health care services between the medical home, family, and school-develop care plans
Collaborate with School Team for overall health of students-participate on Student Success, PBIS & Crisis Teams



School Mental Health Professionals

Focus on emotional and behavioral health
Provide counseling, therapy and testing
Collaborate with School Team for overall health of students-participate on Student Success, PBIS & Crisis Teams

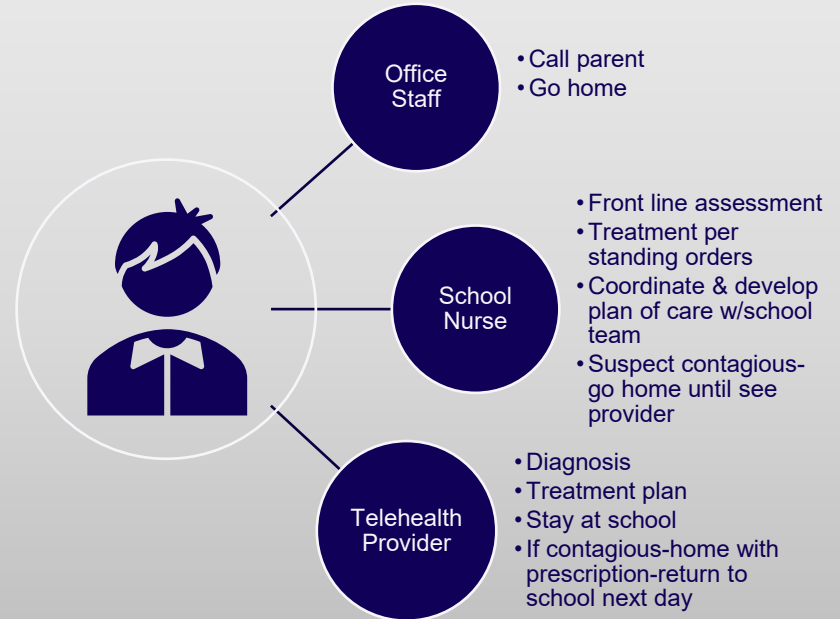
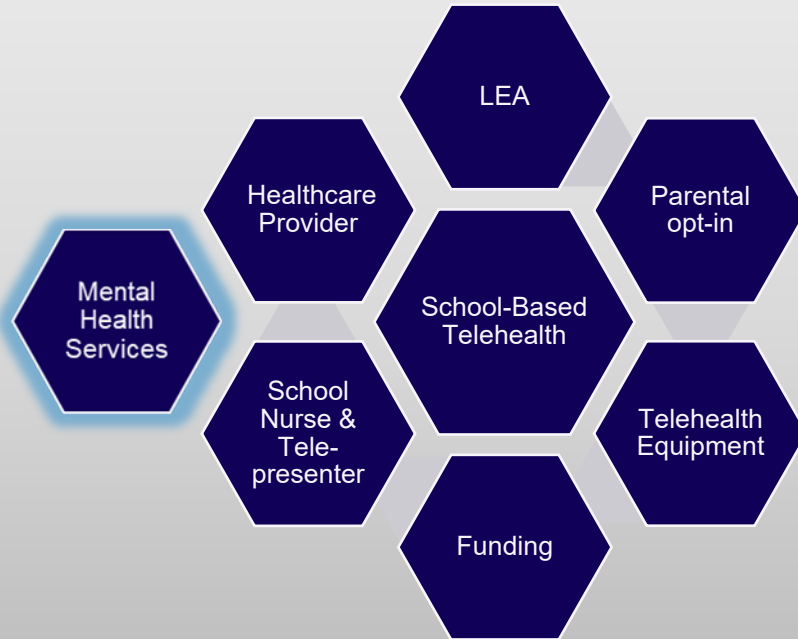


Telehealth

Low-cost option for healthcare & mental health services
Easy access in schools reducing barriers for healthcare including missed work and travel time for parents
Keep students in school reducing absenteeism

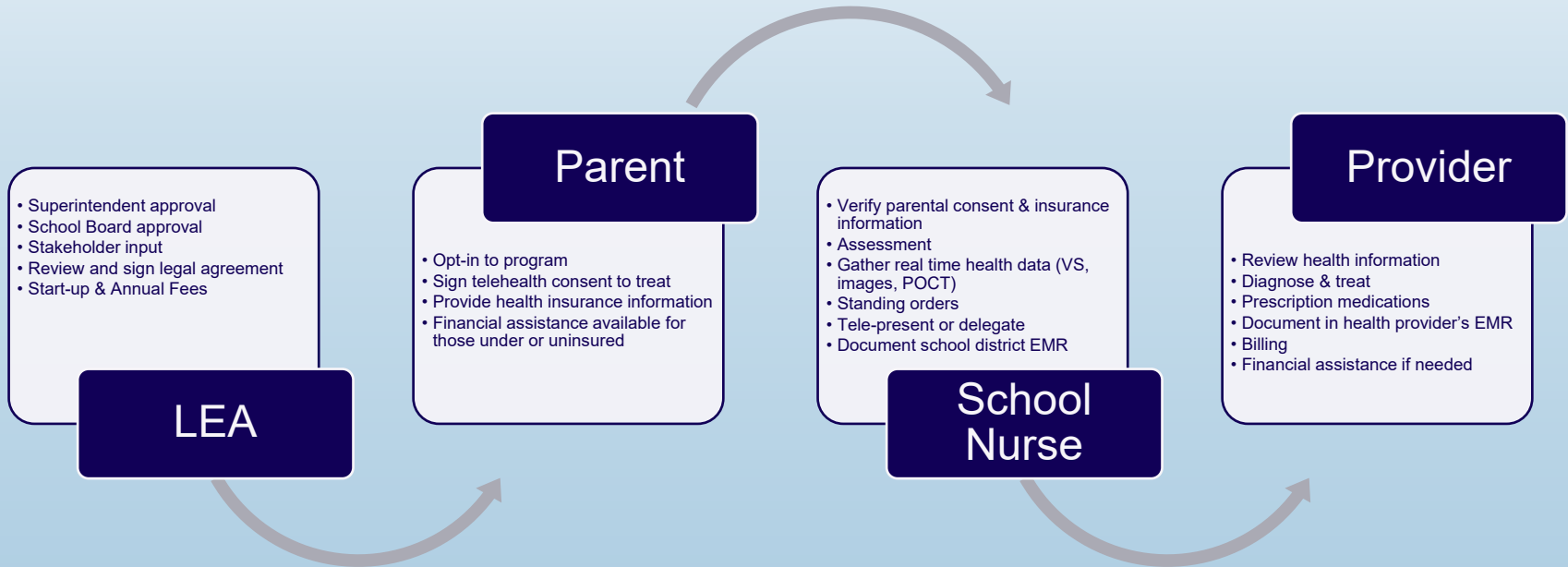
School-Based Telehealth Program

Key Components & Student Process



School-Based Telehealth

Responsibilities of each entity



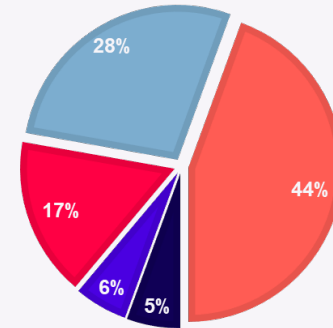
2022-2023 School-Based Telehealth Program & Results



- Pilot District: Wasatch County School District
 - 9 schools as of February 2023 (4 schools began soft launch-November 15th)
- Intermountain Connect Care plus local providers
- 19labs Platform provides real time health data
 - Thermometer, Pulse Oximeter, Stethoscope, Glucometer, Blood Pressure, Otoscope, Dental Camera
 - Images and Live Stream
 - HIPAA Compliant Zoom calls

WASATCH COUNTY SCHOOL DISTRICT PILOT PROGRAM CONDITIONS TREATED

■ Eczema ■ Lice ■ UTI ■ Otitis Media ■ Strep



- 80% either missed no school or less than ½ day of school.
- 20% only missed 1 day.
- Parents attend approx. 50% of the calls virtually
- Financial assistance available

Intermountain Health Emergency Department 2022 Data:

#1 ED visit for Utah children 17 and under was ear infection with 15,723 cases. Minimum cost was \$350.

In Utah, of the top 25 ED pediatric visits, telehealth services can see 16 of those health conditions. Saving families money, lost time from work and school and increased peace of mind

Connect Care may treat the following health conditions for the School-Based Telehealth Program:

- Allergic rhinitis
- Asthma
(per the standardized Utah Asthma Action Plan - for students who don't have a care plan on file)
- Blepharitis
- Cold sore
- Conjunctivitis (Pink eye)
- Cough, Colds
- COVID-19
- Cystitis, UTI (female >12)
- Earache, Otitis Media, Otitis Externa
- Eczema
- Fever
- Flu, Influenza
- Impetigo
- Lice
- Minor Allergic Reactions (not anaphylaxis)
- Nausea, Vomiting, Diarrhea
- Oral Thrush
- Sore throat
- Skin rash
- Upper Respiratory Infection
- Vaginal Yeast Infections (only for older patients)

Parent & Provider Feedback

- ❖ Parents have expressed repeatedly how grateful they were their child didn't have to miss school; parents didn't have to miss work. Care was safe, quicker than going to the doctor.
- ❖ One parent was very grateful to not have to miss work. She relayed the telehealth visit saved her time & money versus going to InstaCare. She was able to join the call and pick up the prescription on her way home from work. She was very satisfied with the visit and the telehealth program overall.
- ❖ Another parent reported she loved it! Fast, convenient, private, went smoothly, able to excuse the student right there and school knew she was really sick. Saved money by using the program. Student missed that day of school because of the pain of the ear infection but was back the next day. Felt it was less time than going to the quick care and felt very respected by the provider and nurse. She was able to pick up the prescription. Highly recommends the program and hopes it continues.
- ❖ Providers enjoy the interaction with students and feel with the use of the peripheral diagnostic equipment can be beneficial for an accurate diagnosis.



School-Based Telehealth

What is Working:

- **Absenteeism decreasing with students who participate**
- **Health Provider addition is showing positive results**
- **Positive feedback**
- **Decreased wait times**
- **SBTH Objectives are being met**

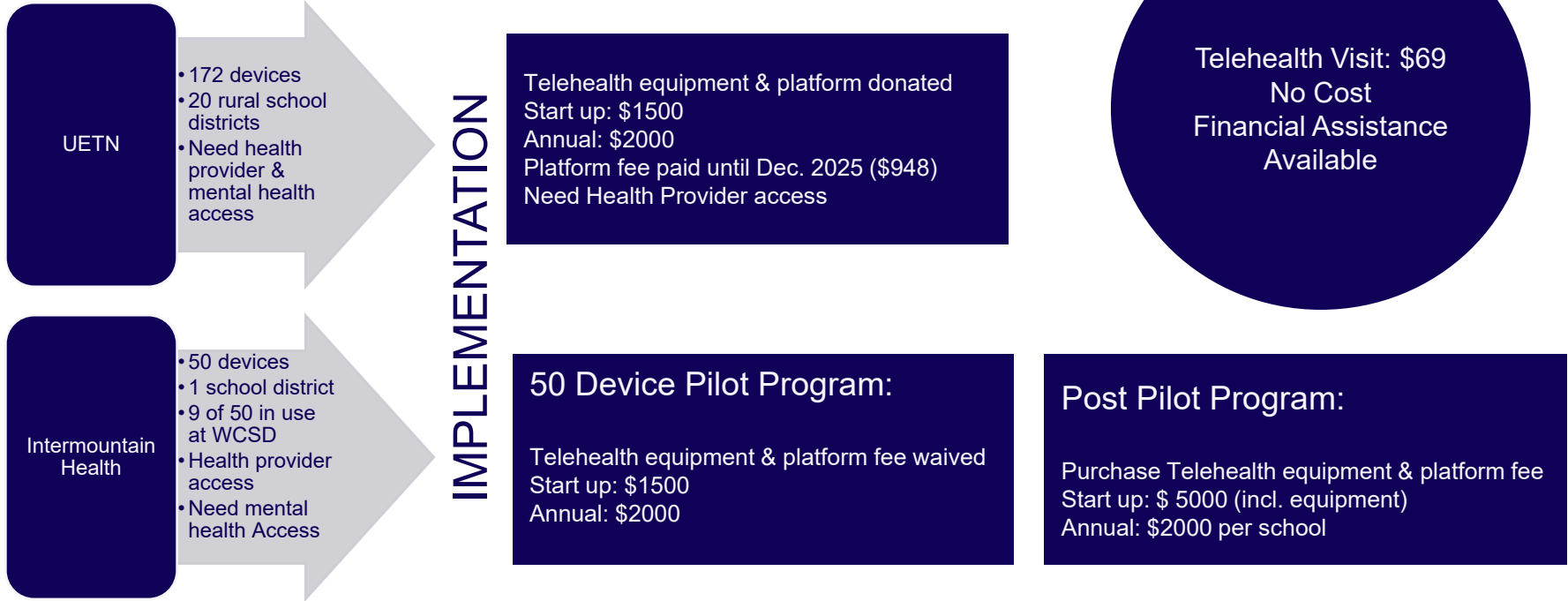
Gaps or concerns:

- **Future Funding**
 - Program & school operations
- **Expansion to other school districts**
 - Liability clarification
 - Lack of resources for tele-presenting & space
 - Lack of direction or support from State
- **Mental Health incorporation**

What is needed:

- **Funding resources**
- **State & local support and guidance for school districts**
- **Collaboration with current Mental Health Authorities & Programs**
- **More Health Professionals in schools**

Cost Breakdown Per School





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Example

North Salt Lake:

- 4 Elementary
- 2 Junior High
- 2 High School

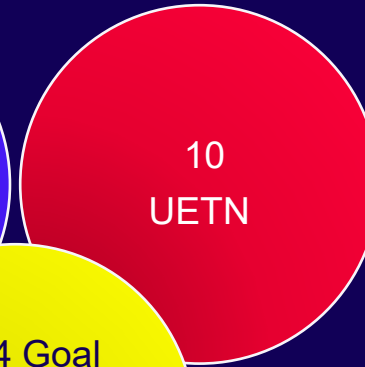
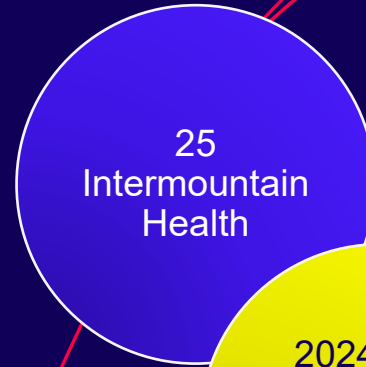
50 Device Pilot Program

- 8 schools
- Start up: \$12,000
- Annual: \$16,000

OPTION 2:

Focus on Title 1

- 1 School
- Start-up \$1500
- Annual \$2000





Questions?

Intermountain Health
Wasatch County School District

Thank you



References

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