School-Based Telemedicine Webinar

Q&A Summary:

Q: Are there policies and procedures available specific to school-based telemedicine? Where can we find them?

A: Each school-based telemedicine program develops their own individual policies.

MY Health-e-Schools has developed its Policies & Procedures, guided by the School Based Health Alliance http://www.sbh4all.org (membership required) and American Telemedicine Association http://www.americantelemed.org/ (some parts are free). The Center for Rural Health Innovation offers consulting services for setting up policies and procedures. For more information on these services please contact info@crhi.org.

For additional examples, contact individual programs. A list of some programs and contact information is available at http://www.childrenspartnership.org/our-work/health-it/telehealth/156-school-based-telehealth-an-innovative-approach-to-meet-the-health-care-needs-of-californias-children-

Q: Is there any federal legislation currently being considered to allow physicians to be reimbursed for school telemedicine services across the country?

A: Medicaid Reimbursement for telemedicine services for children are made at the state level. For a summary of states' reimbursement policies, visit http://telehealthpolicy.us/state-laws-and-reimbursement-policies.

Medicare reimbursement policies can be found here: http://telehealthpolicy.us/medicare

Q: Which states and schools support school-based telemedicine programs and services?

A: For a summary of several school-based telemedicine programs, visit http://www.childrenspartnership.org/our-work/health-it/telehealth/156-school-based-telehealth-an-innovative-approach-to-meet-the-health-care-needs-of-californias-children-

Q: Which foundation and federal grants have successfully been used to start up school-based telemedicine programs?

A: MY Health-e-Schools has been supported by BlueCross BlueSheild North Carolina Foundation, The Kate B. Reynolds Charitable Trust (NC), and several federal grants including Rural Utility Service Distance Learning & Telemedicine Equipment grants and HRSA School-based Health Center equipment grants.

Examples of how programs are funded can be found at http://www.childrenspartnership.org/our-work/health-it/telehealth/156-school-based-telehealth-an-innovative-approach-to-meet-the-health-care-needs-of-californias-children-

Q: How often do you send out the enrollment forms/parent consent outreach? If it is done once at the beginning of the school year, should it be done again during that school year to try and increase the enrollment?

A: We send out the enrollment forms at the beginning of the school year to all students. We also make the forms available on our website, in the nurse's office, in the main office of each school, and in the 'packet' of forms that a new or transferring student receives when they enter school mid-year. We are running on a very tight budget, so excessive printing and paper-handling is not in our best interest. There is also the matter of parents receiving multiple copies of a form they've already filled out – it leads them to wonder how good our record keeping is, if we don't seem to know that their child is already enrolled.

Q: How do you bill for the telemedicine services (internally or contracted out)? What code do you use and how much do you charge for each visit/service?

A: Because our visit volume is still low, we handle the billing internally. It is not yet justified to contract out.

The coding is the same as in any other setting, as far as determining which level of service is provided (for example 99213 or 99214). In North Carolina, we include a modifier "GT" to indicate that services were provided via telemedicine. We also bill for a site fee using Q3014.

Visit charges are not something that we can discuss in this kind of forum. They are set locally, by each practice or organization.

Q: Do you bill families for the balance of what the insurer doesn't pay for a telemedicine visit?

A: Per our contracts with the insurance companies - yes, we bill the patient families for the balance.

Q: Is store and forward reimbursable?

A: Not in primary care in North Carolina. For a summary of states' reimbursement policies for telemedicine, including store-and-forward telemedicine, visit http://telehealthpolicy.us/state-laws-and-reimbursement-policies

Q: Do you use an EMR system?

A: Yes. It is critical.

Q: How do your providers maintain HIPAA compliance if they are using personal computers?

A: By using a secure log-in and password protecting the laptops. We also connect to our video conferencing system using a secure network.

Q: A school is not considered an appropriate originating site by CMS. Could that be changed so both students and community members could receive care at the school system?

A: Because Medicaid laws are governed by states, the location of the originating site is determined by the state. While most states limit sites to established health care facilities, clinics, hospitals, etc., some have expanded the originating site to schools. To find out the site-specific limitations by state, visit http://telehealthpolicy.us/state-laws-and-reimbursement-policies

Q: What do you do if the child has his/her own PCP?

A: We consider it an ideal situation if the child has a PCP. However, we recognize that in many case acute care cannot be well managed by over-burdened family doctors. In this way, for those kids, we serve as more of an 'urgent care' option, a way for them to be seen promptly for acute issues, not to manage their entire care. That said, we also share office visit notes promptly and electronically with the identified PCP.

In cases where children do not have an established provider in the community, we work to get them connected to one – as there are some services we do not offer, such as vaccinations.

The Health-e-Access program in New York aims to connect children at school to their PCP in the community via telemedicine, and it is able to do that for the majority of the children the program serves.

Q: How do you prescribe medications?

A: We use the eRX that is integrated into our EMR and send prescriptions to the pharmacy of the family's choice. In the case of hard scripts that must be signed by hand, our site coordinator delivers those from the provider to the patient or the patient's pharmacy.

Q: How did you make your decision to use a trained presenter or school nurse as the presenter versus having a staff member like a RN or LVN to be the presenter?

A: Simply cost. We cannot afford to place a full time staff person (RN or LPN) at each site. In addition, the Presenter is not doing the clinical decision making, they are taking vitals and placing the camera. The RN's skill set is much more than required for this end. Remember, the Provider at the Hub is the one making the clinical decisions.

Each program makes its decision around this based on what works best for the program and the community. For example the University of Rochester's Health-e-Access program relies on three staff members, whom it hires, who cover 20 schools with portable telehealth equipment. Some programs, such as the S.M.A.R.T program in Sevier County, Tennessee, work with on-site school nurses because they schools have school nurses.

Q: I was under the impression that only NPs and CNS can provide the service rather than an RN. Does CMS have rules regarding this? Do the insurance companies have any issues with the presenter not being and RN?

A: See above. The RN at the patient end, the Presenter, is not providing clinical services. The NP or MD at the Hub is the one providing the services. We do not bill for the school nurse's work, rather for the Provider's work.

Each state has different policies on what kind of provider has to be in the room for a service to billable or allowed.

Q: Is your Nurse Practitioner an employee or a contractor and how are they paid?

A: We pay our NP as an employee on an hourly basis.

Q: How are new employees trained?

A: We have developed training tools that coincide with our network, our equipment and our policies & procedures. They are trained by the program manager.

Q: What do you do if there is no school nurse? Who operates the equipment?

A: In general, with no school nurse, there is no service provided. We are beginning to identify and train additional presenters at the schools, such as first responders and social workers.

See answer to above question related to this, specifically the Health-e-Access program in Rochester, New York, which uses certified telehealth assistants, who are employed by the University.

Q: What do you think the ratio should be for NP to total clients?

A: In my opinion, an NP can serve 6000-8000 students, depending on rates of enrollment and use.

Q: Do you have certain schedules assigned for certain schools to contact your nurse practitioner or is it kind of an "as needed" schedule?

A: We operate on an 'as needed' schedule. The school nurses can all access the provider's calendar through the EMR and schedule an appointment that suits them as well as the patient (for example, to miss a non-core class if possible)

Q: How is the equipment maintained? Who pays for the equipment?

A: In the case of MY Health-e-Schools, the equipment is owned by our non-profit organization, the Center for Rural Health Innovation. CRHI pays for the up-keep and insurance.

Q: How is the EPSDT (physical exam for Medicaid) and other physical examinations conducted?

A: In collaboration with the Presenter (the school nurses are RNs) we can complete all aspects of the EPSDT. In most cases, especially with younger children, the parent has been present at the school too.

Q: What types of telemedicine services are being offered at your community college?

A: We are offering primary care services including acute illness care, follow up on chronic conditions, behavioral health services, as well as physical exams as needed for various training programs.

Q: Are the telemedicine services being used for mental health applications primarily the medical services like psychiatry or do they include services done by masters-level licensed therapist like traditional therapy and assessment?

A: Telehealth has enabled students at Konocti schools, in Lake Count, CA, to see a pediatrician with behavioral health expertise located more than 200 miles away via telehealth.

The Prince George's School Mental Health Initiative, run by the Center for School Mental Health at the University of Maryland School of Medicine, uses telehealth to connect students from schools in Prince George's County to a psychiatrist at the University.

Q: What has been the response from the local healthcare providers to your telemedicine program at MY Health-e-Schools?

A: While some were initially skeptical, some have been supportive from the beginning. Now, in our third year, we enjoy support from almost all of them. It's a matter of education (what is telemedicine any way?) and proving ourselves by responding promptly and sending good encounter notes efficiently.