

CASE STUDY

School Based Telemedicine

Texas Schools Provide Connected Care to Their Students

The average American child has 6-10 episodes of illness a year. Unfortunately, schools tend to be notorious for the spread of cold germs. In fact, the common cold causes more doctor visits and missed school days than any other illness. Due to economic pressures, both parents may have to work to make ends meet. When a child gets sick at school, it presents both schools and parents with a dilemma. The school nurse may not be able to do any more than provide a quiet place for the child to rest until one of the parents can arrive to take the student home. For the parent, this may mean leaving work early to pick up their children. By late afternoon, it may not be possible for the child to get an appointment with a primary care provider the same day. The parents must decide whether to miss more time from work the next day in order to take the child to the doctor, go to an urgent care clinic which takes walk-ins (if one is available), or go to a hospital emergency room, the most expensive option during off-hours. In any event, the child may not feel well enough to go to school the next day because there was a delay in being seen.





Children's Medical Center of Dallas decided to be proactive and boost access to care when children become ill. Rather than take the child to see a pediatrician, they decided to bring the pediatrician to the child. The initiative began without fanfare in 2013, at two pre-schools in the Dallas area. The school nurses got parental consent, then scheduled a telemedicine consult with a children's physician or nurse practitioner when they had a free moment. The initial pilot used equipment that physicians could pack up and move from place to place. One lesson learned involved communicating with pre-schoolers. The youngsters struggled to explain symptoms and were often confused by the questions from remote providers whom they saw on the video monitors.

The program was so successful in treating minor childhood ailments that plans were made to take the program to grade schools and high schools. Administrators sought grant opportunities; a Medicaid waiver program helped offset the costs, which enabled them to expand to 27 campuses. It helped pay for GlobalMed® telemedicine stations at the schools that integrated medical peripherals like stethoscopes, exam cameras and test strips to identify the flu and strep throat cases.

One of them was the Denison Independent School District in Denison, Texas. School officials now send a letter home with students explaining the kinds of healthcare problems the program can deal with: cuts and scrape, coughs and colds, fever, earaches, headaches, pinkeye and rashes. The program allows parents to remain at work versus: having to physically respond to a "sick child" call from school. They note the benefits of the program such as reducing absenteeism, increasing instructional time for students, and increasing daily attendance revenue for the school system.

During the telemedicine visits, the school nurse acts as a patient presenter while the student speaks with the doctor or nurse practitioner at Children's via video conference.



School nurse Cathy Pryor said, “This goes so much farther beyond that to be able to actually help them get the prescription, the medication they specifically need. It makes my job broader based.”

Parents may wish to participate in the call, and they can do so by phone.

“Parents can stay at work and in a lot of cases children can stay at school and so that’s a benefit to the parents,” said Brent Hoy, Denison ISD Director of Special Programs. “If the parent wants to come down and observe the telehealth visit, we really encourage them to do that, but it’s not necessary that they do.”

The remote provider assesses the child’s complaint, diagnoses the problem and, if needed, sends a prescription to a pharmacy near the home for after school pickup which helps school nurses deal with healthcare issues. (Normally, Texas Medical Board regulations require a previously unknown patient to meet with a physician before the doctor can prescribe prescription medications. But schools are considered appropriate care sites and are exempted from that rule.) The school completes the virtual visit by giving parents information explaining their student’s condition and what parents need to do to take care of their child. Parent Jennifer Schwichtenberg endorsed the telemedicine program.

“This right here is such a great answer to those minor things that need attention,” she said. “It’s a blessing to have something like this in place.”

Apparently, reimbursement is no longer an issue. During the last session of the Texas Legislature, lawmakers passed a bill that allows Children’s to be reimbursed for primary care services offered via telemedicine, even if the doctor isn’t the patient’s primary care provider. This change in the law will likely sustain the program. The Medicaid Waiver expires next September, and the district has not yet asked for a renewal.



Two years after the pre-school experiment, the school-based telemedicine program is a fixture on 57 campuses in both urban and rural school districts in North Texas. The new schools are in Dallas, Grayson, Collin and Tarrant Counties. By next year, hospital administrators hope to have at least 80 campuses participating, but they don't automatically include any school. Analysts comb through emergency room data to learn where children are presenting with low acuity illnesses. According to Julie Hall-Barrow, senior director of innovation and telemedicine at Children's Health System of Texas (the new brand for the program), the data can suggest that parents are getting off work late and are unable to get their children to a doctor before the next school day. In other areas, like the city of Lancaster, there are no pediatricians. To overcome the situation in which a student is not covered by health insurance, a case manager can help educate parents about the Children's Health Insurance Program, or CHIP.

In the future, the health system may evolve into providing more preventive services to help children with nutritional information in order to deal with obesity. Or should a student show signs of undiagnosed breathing problems like asthma, suggest to the parents how to change things in the home to ease symptoms.

At the present time, however, GlobalMed meets the challenge of providing systems that permit school nurses to examine students and to bring in remote physicians for a patient consult. The Transportable Exam Station™ is a carry-on sized device small enough to work in offices where space is limited. An assortment of USB medical devices can be stored in the hood of the TES. They simply plug into the control panel for integration into the notebook computer which can connect with the Internet via 3G/4G or broadband.

The GlobalMed® ClinicalAccess® Station is a mobile platform with a larger footprint that can be easily moved from one room to another without losing power thanks to its long-lasting onboard battery. Automatic take-up reels for the Ethernet and power cords keep them out of the way for safety when in transit or not in use. If desired, USB medical devices can be securely stored in modular bins until needed. And GlobalMed's eNcounter® is an intuitive software platform that works on GlobalMed stations and Windows® computers to guide a school nurse through a patient consult. At the end of a patient session, the software can save data, patient images and a medical report to an electronic medical record for continuity of care.



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Founded in 2002 by a Marine Corps Reserve Veteran still serving as CEO, GlobalMed is proud to be a Veteran Owned Small Business (VOSB).