Implementing Telehealth in Michigan Schools

School telehealth programs use pediatric registered nurses (RNs) and technology to reduce barriers to healthcare by providing health and wellness services to youth where they are every day – at school. RNs working under standing orders provide high quality, comprehensive healthcare at school. When care is needed beyond what a RN can provide, video and audio connections can link the school nurse’s office to primary care providers at a pediatric or school-based health center (SBHC). Multiple RNs in different schools may link to the same primary care provider or office.

Telehealth can help a community pursue three central aims in healthcare:
1. Improve the patient’s experience of care
2. Improve population health
3. Reduce costs

There are many documented benefits to using the school telehealth model of care. The benefits identified in a 2015 literature review include:

- Improving care for children with chronic conditions
- Providing health education and health promotion
- Reducing student absenteeism and improving convenience
- Collaborating with parents, school nurses, and clinical providers
- Savings at many levels – hours of work time, emergency department costs, physician costs

Initiating and maintaining a successful school telehealth program takes careful planning in a number of areas, including:

- Assessing community needs, support, and resources
- Gaining and maintaining the buy-in of school nurses and providers
- Finding appropriate funding for the short and long term
- Choosing, purchasing, and maintaining equipment
- Securing initial and ongoing technical support
- Training staff
- Informing parents
- Designing appropriate space and workflow
- Internet speed and bandwidth capabilities
- Protecting health information
- Reimbursement

More about the school telehealth landscape can be found here: [http://www.cahctelehealth.com/school-telehealth-landscape/](http://www.cahctelehealth.com/school-telehealth-landscape/)

What follows is a guide to planning steps and resources that will equip you to develop a thriving school telehealth program.

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Sources and Acknowledgments
This manual was developed by adapting multiple resources from sources including the California Telemedicine and eHealth Center, the California Telehealth Resource Center, AMD Global Telemedicine’s “10 Critical Steps for a Successful Telemedicine Program,” and many others.
Step One: Environmental Analysis and Organizational Readiness

A. **Best Practice**: Assess your population’s needs

- Review population data from your organization, community, county, state, and the nation. Look for data that showcases specific needs within your population, to help make the case for implementing a school telehealth program.

- Go visit! Interview professionals and potential clients. There is simply no substitute for taking the time to visit your sites, meeting your colleagues and community members, and learning firsthand about their lives, clients, local opportunities, challenges, and concerns.

Lessons from the field...

1. Consider these useful data sources:
   - Your local Community Health Agency is an optimal resource for community data and statistics.
   - In addition, the Michigan Profile for Healthy Youth (MiPHY) Survey is a useful tool.
   - School district surveys and parent surveys can provide data to help narrow down your focus on the specific needs of your targeted population.

B. **Best Practice**: Assess and confirm your organizational and school readiness for school telehealth

- Ensure the school telehealth model matches the mission/vision of your organization and the school climate.

- Prioritize the components of the model of care into three categories: “Essential,” “Would be helpful,” and “Nice to have.”

- Bring administration and staff from both organizations into the process early to ease implementation and acceptance.

Lessons from the field...

1. It often takes a few months or longer to fully implement a school telehealth program. It is best to start the planning process well in advance of the school year end, or else “live” visits may need to be delayed until after summer break.

2. Performing a formal readiness assessment prior to implementation can help you determine the impact of other projects, readiness to change, capacity, and available resources within your organization.

Here are examples from a program SWOT analysis:

- “Strengths of the program include strong administrative leader support. The program is connected to a successful, established pediatric and adolescent practice. Our nurses are pediatric RNs that have established relationships...
with the pediatric physicians. The program has access to all hospital resources including, electronic health record, laboratory, diagnostic imaging, and billing services.”

—  “Weaknesses of the program include an ongoing concern of having a lack of funding and creating a sustainable program. Telemedicine is also a relative unknown or new concept in a rural community. As a team we strive to provide ongoing community education about telehealth and the benefits it has in a school health setting.”

—  “Our program is unique in that we were able to create a new model of school based health care, in a population that has not previously had even nursing services in the schools. We have also been able to show our community as well as others in the state that telemedicine is a viable, quality solution to rural areas to increase access to care. The program is assisting students with improved health outcomes through easy access to age-appropriate health care.”

—  “The potentials threats to our program are lack of funding and discontinuation of financial community support.”

C. Best Practice: Identify partners and resources in the community

- Identify organizations in your target communities that do similar work to what you are proposing, and reach out to them.

- Identify the activities and interests of local leaders, organizations, and other stakeholders that match with your model of care. Would they support and collaborate with you? How would they do this?

Lessons from the field...

1. “The community hospital, community health agency, and school systems formed a partnership that allowed for the process of bringing school telehealth to the district. After the clinics were established, the hospital’s foundation was key in identifying funding opportunities, both present and future.”

2. Create partnerships with established medical practices in the community to increase “buy-in.” Have one-on-one conversations at all levels of the practice (secretaries, medical assistants, nurse practitioners, office managers, and physicians) to help them understand what your program has to offer, and ask for suggestions on ways to work together. Provide structured opportunities for them to ask questions on an ongoing basis.

3. Local service groups such as Rotary, the United Way, and community foundations can all be supporters of your program. Use a wide range of media outlets to help draw interest and propel new donors.
D. **Best Practice**: Grow your champions

- Identify champions at both the administrative and program staff levels to play a key role in creating momentum and excitement for the project – and be sure to nurture their involvement.
- As much as possible, involve these individuals at the very beginning of program planning to help you design and drive development.
- Look for inspirational figures who play a key role in creating a professional and nurturing environment in which additional champions will be encouraged and develop.

**Lessons from the field...**

1. Champions of the program can be found at all levels of your organization. Communicate to each person involved in the school telehealth program about what they individually bring to the process; identifying individual strengths will increase buy-in.

2. While administration may be the catalyst for a school telehealth program, individual conversations about the program and discussions of possible processes at the staff level are vital in creating a successful model. Good communication is essential for staff engagement, and allowing staff to have input into the workflow will increase employee satisfaction, ownership, and motivation. In addition, regular contact with distant providers via meetings and program updates has been proven to increase engagement.

3. Champions of the program can be both internal and external. Testimonials, from students or parents who have used the health clinic’s services, are a way to identify champions. School administrators, school staff, and parents can be helpful in supporting your clinic by word of mouth and referrals. Fundraising through your hospital’s foundation can be useful in increasing awareness of your program.

4. Hiring practices need to be aligned with getting “the right person for the right position.” School nurses need to be passionate about adolescent health and work well autonomously.

E. **Best Practice**: Assess your ability to incorporate health information technology (HIT)

- A high speed (T1 and above) network, to support high quality images, is necessary infrastructure at each site.
- A VPN tunnel with a secure connection between the distant and originating site.
- High Bandwidth that can support high quality images
- Dedicated bandwidth for HIPPA (amount unknown)
• A hardwire (vs. wireless) connection is recommended where applicable. (It may make things less portable, but will decrease variability.)

• School and healthcare systems must support health information exchange.

• Technology leadership must be involved to develop effective network security and privacy systems.

• To ensure health information is protected, use HIPPA compliant software and provide space in the clinic for private check-in and exam. In addition, paper medical records should be kept in a private/locked area.

• Equipment should be purchased from a telehealth/telemedicine company to ensure it meets all current standards and may include:
  — Utility cart
  — Web-cam
  — Telehealth Stethoscope
  — Examination Camera
  — Telehealth Otoscope
  — Telehealth Monitor and Headphones (An additional monitor and headphones at the pediatric clinic)
  — Video conferencing software at both locations

Lessons from the field...

1. Have a conversation with leadership about policies regarding equipment vendor selection early in the planning process. One site initially decided to use outsourced equipment, but after purchase, setup, and initial testing, they were informed of a requirement to use the same equipment as other telehealth projects within the health system. They were able to work on policies and protocols as they waited for new equipment, but they had to deal with the logistics of removing the outsourced equipment and returning it to the vendor. The new equipment took longer than expected to arrive, and the implementation timeline had to be pushed out.

2. In a school telehealth project, a participating site may experience network connection and server issues. For example, firewalls may affect telehealth links. Work closely with the IT team. The Information Technology (IT) Director/contact needs to have a clear understanding of how school telehealth works. They need to understand that any technical difficulty with the hardware/software and peripheral devices leaves the clinic unable to provide patient care. Fixing the issues should be considered highest priority.

3. Ideally a dedicated IT staff member who has been involved with the project will be available during office hours. Consider scheduling a weekly meeting to resolve non-urgent issues on a regular/routine basis. When new IT staff are hired they should be provided with a tour of the clinic and an orientation to the hardware/software to
assist in providing troubleshooting during “down-times.” Document lessons learned from previous helpdesk resolutions to assist in future “down-time” occurrences.

4. Develop a relationship with your telehealth distributor (e.g. AMD Global Telemedicine). Know what they offer as far as technical assistance and equipment training sessions. If a site is experiencing connectivity issues, the problem may be related to faulty equipment. It is important to work with the equipment vendor for support and resolution; faulty equipment will need to be returned for a replacement. Familiarize yourself with their policy regarding shipment of replacement parts, peripheral devices, and technical support. Budgeting to have additional peripheral devices to use when others are in for repair is important.

5. Staff should consider attending training sessions with the equipment vendor to learn techniques for effective use of the equipment and how to troubleshoot audio and visual issues.

6. Portable unit audio issues are often resolved by configuring changes to the playback settings. Work with the equipment vendor for instructions on how to make the necessary changes. It may be as simple as moving a button to the down position! Poor stethoscope audio quality (e.g., picking up surrounding sounds, intermittent sound, etc.) can often be resolved by turning down the receiving volume or replacing the cart’s transmitter box attachment to the stethoscope.

7. If picture resolution quality is distorted (e.g., poor quality images from the exam camera, otoscope image distortion, etc.), it may be necessary to troubleshoot not only with the IT team and equipment vendor, but also with outside network teams. In one case, a school site’s pictures were distorted because of a mismatch between the site’s old legacy routers and their internet service provider’s specifications. It is important to note that visits can still be successful in spite of picture issues, but better to find a solution.

8. It is best to check with the equipment vendor before attempting to make any modifications to the units. There was a case report of a well-meaning IT group that dismantled its school’s telehealth equipment to build additional safeguards into it, and upon reassembly the equipment did not function properly, including a lack of stethoscope audio and overall audio. The IT team had to spend additional time working with the vendor to regain functionality.

9. It is very important for RNs at the originating site to perform on-site testing prior to linking real visits. Schedule weekly tests with each cart at originating sites and distant sites well before going “live.”

10. Trial-runs will be most beneficial if a standardized process is put into place prior to testing the system, including formalized procedures holding the equipment, taking pictures, and saving images to upload into the EHR. It is highly recommended to visit a site that is already “live” to learn their process and “tips and tricks” for equipment usage. If possible, include key players from all of your participating facilities at this site meeting.
11. Remind schools that clinics work year round, so during summer as an example, when they decide to shut down services for upgrades etc., the clinic can plan around it. Technology needs to be consistent for success.

F. Sample Documents in Appendix for Step 1
- Organizational readiness check list – SWOT analysis
- School readiness checklist
- Telehealth equipment vendors can be found here, Michigan has experience working with AMD Global Telemedicine: [http://thetelemedicinedirectory.com/lc/telemedicine-equipment-devices/](http://thetelemedicinedirectory.com/lc/telemedicine-equipment-devices/)
Step Two: Detailed Implementation Plan

A. Best Practice: Components of the school telehealth program and prioritization

Essential Components:

- Quality telemedicine equipment
- High definition connection for audio/video
- Strong IT support with frequent updates as required
- See implementation plan in appendix for essential equipment and staffing
- Written parental consent is an essential component to patient care. Patients that do not have a consent will not receive telemedicine visits, immunizations, or over-the-counter medications. Example consent documents can be found here: http://www.cahctelehealth.com/sample-documents/
- A registered nurse staffed clinic to facilitate telemedicine visits and implement standing orders
- A distant site with healthcare providers committed to telehealth services.

Lessons from the field...

1. In addition to the providers, we have needed a Program Coordinator to pull all the pieces together. This role includes setting up and testing the equipment, becoming a ‘super-user’ of both the equipment and the EHR in order to be the first person to call for tech support. The role also includes training the school nurses and other presenters and being the primary contact for anyone in the schools about the program – teachers, principals, parents. It includes presenting the program to parent, faculty & community groups, in the school and out, such as County Commissioners or Rotary. The Program Coordinator also provides/restocks supplies, collects enrollment forms from each school, and tests the equipment and connections regularly. He or she is the “Office Manager” from a traditional practice, also processing claims and sending out bills for co-pays. In our first year, all of this was done by one person. Going into our third year, this is divided between three people, all who spend just part of their time on it.

2. We also have to have a Medical Director, who is the supervising physician of record for the Nurse Practitioners, and who is responsible for clinical oversight of the program. This role is no more than a few weeks per month.

3. Consent, coverage, and eligibility are important issues to navigate when working with distant site primary care facilities. Some facilities are unable to accept a one-time phone consent. Others cannot provide care for uninsured students or students that are not already established at their facility. It is beneficial to create a plan for connecting uninsured or otherwise ineligible students to an alternative distant site, such as a school based health center (SBHC).
4. It is not recommended to allow a one-time verbal consent for a visit or medication at the clinic. Enrollment packets sent home after this one-time verbal have proven to not be returned.

5. Telemedicine equipment can be easily operated by most people after a short demonstration. We strongly recommend the exam be led by a registered nurse (RN) who has a larger scope of practice and can provide a higher quality of exam. An RN can also work independently under standing orders.

B. Best Practice: Development of protocols, policies and procedures

- These documents should be clearly written in plain language.
- Make these documents relevant to your implementation.

Suggested plan categories

- Policies for implementation of telehealth and services provided. Example policies can be found in the appendix and here: [http://www.cahctelehealth.com/sample-documents/](http://www.cahctelehealth.com/sample-documents/)
- Workflow – at the school site and at the distant medical clinic site. See details in the Workflow section below.
- Staffing – outline a schedule of availability and participation of RNs, program coordinators, distant-site physicians, Medical Directors, and IT staff. Identify IT and clinic staff responsible for technical issues and interacting with equip company (AMD or other). These will be invested/champions of the model.
- Services to be provided – e.g., acute illnesses and injuries, such as upper respiratory issues, rashes, and UTIs; well care and forms filled out for school, sports, and camps; screenings and vaccine review. RN should provide enhanced care using standing orders developed and signed by a supervising physician (may be at distant site or another). Standing orders examples can be found here: [http://www.cahctelehealth.com/billing/](http://www.cahctelehealth.com/billing/)
- Tools and consumables – kits for the school sites that might include items like: specula for the otoscope; BP cuffs; thermometer with covers; biohazard bags; alcohol wipes; BZK wipes; specimen cups; CLIA-waived tests for strep, glucose, urinalysis, and hCG; timer for the tests and batteries for the thermometer; a scale; and a stadiometer.
- Equipment & connectivity – steps for turning the unit on in the AM and off in the PM; instructions for using accessories like the stethoscope, otoscope, and Web Cam; and instructions for face-to-face teleconferencing.

**Important tips:**

- Be sure to test equipment and walk through a mock visit before going live.
- Turn on and run your equipment each morning, this will allow timely updates and less interruption for updates as you are trying to use the equipment.
— Have an extra otoscope and light bulbs on hand (light bulbs are necessary for the equipment to function as intended).
— Update Java on an ongoing basis.
— Hardwire your equipment (do not use wireless).
— Turn the cart on/off every few days for a full reboot.
— For IT issue resolution, have your on-site IT staff work with the external IT tech (from distant site or equipment company) on the phone
— If school nurse is not an employee of distant site – get RN access to EHR of distant site in order to integrate and support care.

• Room design – Is there a dedicated space in the school that is already used by the school nurse, or will a multi-purpose room be used? Plan the room setup and the flow of patient intake, care, and discharge. See details in the Room Design section below.

• Parental / School / Student engagement – plan to be present (with your equipment, handouts, and smiling faces) at every school event, meeting, and sporting activity. Work with the school principal to spread the word about the program, and consider spearheading student health advocacy groups. Here are samples of letters to parents and fliers on the CAHC website: http://www.cahctelehealth.com/sample-documents/

• HIPAA / FERPA – privacy laws and regulations must be understood in the context of telehealth. The HIPAA Privacy Rule establishes national standards to protect individuals’ medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

• Billing – Take time to understand Michigan’s Medicaid telehealth billing guidelines, originating site and distance requirements, and authorized provider information found here: http://www.cahctelehealth.com/billing/

Lessons from the field...

• Create a detailed implementation plan to establish RN and NP roles. Include protocols, policies, and procedures related to: gathering patient history, documentation, billing, standards of care, RN standing orders, EHR changes to accommodate shared visits, visual diagrams for telehealth visits and spirometry, discharge summary, patient education, and follow-up. For example, if an originating site wants RNs to have larger role in spirometry administration and reporting, they will need to create a protocol for telehealth-based spirometry and asthma visits – and test the protocol with RNs before finalizing.
• Working with surrounding school based health centers to share policy and procedure information is preferred. In developing a process for standing orders and RN services at the originating school site, it can be helpful to seek guidance from a local primary care facility, using their standing orders protocol documentation for reference. A web search identifying sustainable models similar to yours will provide an opportunity to network with them.

• Using the education offered by the telemedicine distributor will provide a thorough orientation to the equipment. Working with the IT department on clinic-specific processes, such as the electronic health record and billing, will provide a site-specific orientation.

• Attending educational sessions surrounding adolescent health or current telehealth updates will allow for professional growth. Having the nursing staff shadow individual clinicians for assessment techniques will gain buy-in from the providers as to the telehealth process. Providers need to fully trust the assessment skills of the nursing staff acting as their “hands” during an assessment via tele-health.

C. Best Practice: Initial and on-going training

• Create high quality, structured, and layered training for everyone involved that includes telehealth, equipment, and clinic procedures and practices. Many times telehealth equipment companies have training opportunities.

• Plan to provide it on an ongoing basis to all involved in the new program.

D. Best Practice: Workflow

• When the originating school site uses a different EMR/billing system than the distant site, there are added considerations for workflow and documentation. It will take additional time to register new patients from the originating school site into the EMR of the distant site. A registration workflow process can help medical assistants (MAs) or other support staff register patients at the distant site. Another helpful method is to appoint a telehealth technician to manage telehealth registrations. The workflow might look something like this: RNs from originating sites across the county scan consent documents into a web-based portal (such as AGNES Interactive); and then a centrally located telehealth technician with access to the portal uses the scanned consent documents to register patients into the distant site EMR system. Note: Many sites have reported that AGNES Interactive works best through Google Chrome.

• The following is a case example of a workflow within a successful school telehealth program:

  Our patients are a combination of “walk-in” and scheduled in advance. When a student presents in the school nurse office, they are assessed by the nurse according to her protocols. If the school nurse thinks that the student needs to be
referred for care beyond her scope then she has the opportunity to offer telemedicine.

First, the school nurse will try to contact the parent and also determine if the student is enrolled for telemedicine services (by checking in the EHR). If the parent consents AND the student is already enrolled, then the school nurse will check the schedule for the available distant-site providers (also in the EHR). The school nurse can schedule an appointment in the EHR at that time. Ideally, there are a few minutes between the time that the appointment is scheduled and when it occurs.

During that time, the distant-site provider will review the chart & health history as well as attempt to contact the parent for HPI. At the same time, the school nurse will take vitals, record them either in the EHR or in the encounter program, and may take some images to save and share, if appropriate. She will also explain the encounter to the patient and coach them on how it works.

Appointments are also scheduled in advance for follow-ups and non-acute issues. These are arranged by our Clinic Coordinator to be convenient for the school nurse as well as to minimize the student missing core classes.

E. Best Practice: Room Design

- Give special consideration to the room design and set up at both the school site and the clinical site. Be sure to include this in your budget.

Lessons from the field...

- Room location – quiet area away from sources of noise, no windows or with shades that reduce in coming light and glare.

- Room size: Patient exam room – needs to be service dependent.
  - Large enough to move around and work with patients comfortably.
  - Patient should be able to both sit in a chair and use the exam table and be in the camera’s view.
  - Camera should be 6 – 8 feet from the patient. It should be able to pan out for a full view of the room with the patient and presenter, and zoom in for close-up views of the patient.

- Room size: Remote clinician consultation room – may be smaller than patient exam room, however consider camera viewing area and angle.

- Placement of equipment and furniture:
  - Exam table should be positioned so the presenter can see both the patient and the monitor when using scopes that transmit images to the distant provider site.
  - Place for a chair for patient and a second chair for family members.
— Avoid backlighting! Do not place the patient or the distant provider in front of a window. *NOTE* Shades/blinds generally cannot reduce this kind of lighting enough.

— Avoid clutter in the background for optimal camera images.

— Cameras must be placed so that both participants are looking directly at each other during the video call. Beware of 1) mounting cameras on top of computer monitors and 2) placing participants too close to the camera.

- Electrical and telecommunications connections – choose the best place for the exam table and telemedicine unit and then install/expand the telecom and electrical outlets to be near the units. Avoid long runs of cables on the floor. A 120v outlet with surge protector is generally appropriate but be sure to tailor to your needs.

- Lighting – true color reproduction is essential!
  — Use diffused soft light source positioned in front of the patient shining on them diagonally.
  — Avoid having light sources behind the patient/clinician such as from windows and overhead lights.
  — Avoid harsh lighting sources and shadows on faces.
  — Full spectrum lighting is recommended.
  — Use supplemental lighting when necessary.
  — Color accuracy is also affected by the white balance of cameras and peripheral scopes.
  — A blue towel behind skin can be helpful to view skin tone and rashes.

- Acoustics – don’t use a room near the cafeteria, band room, or other area of the school that may cause a lot of background noise. If possible have a door closing the exam room off to the rest of the originating site office space to reduce noise from others in the office.

- Include photos of distant-site providers in the exam room.

- Wall color:
  — Use flat paint to avoid reflection off the walls.
  — Video test the selected color before painting the entire wall – how does it look at both sites on camera? Note that different lighting conditions will affect color appearance.
  — Avoid white or very light walls, avoid dark walls, and avoid any extreme colors and contrasts.
  — Examples of ideal colors – light blues and light grays work well with all skin tones.
Sample Documents in Appendix for Step 2

- Telehealth model of care policy
- Staffing and training
- Implementation of telehealth
- Telehealth-telemed equipment requirements and cart use
- Telehealth-script and workflow
- CH Telehealth Process (school telehealth clinic example)
- Use and limitations of telemed for visits
Step Three: Performance Monitoring Plan

A. **Best Practice**: Establish both short- and long-term goals

- Determine what your organization and stakeholders are interested in improving related to school telehealth (adolescent health improvements, access to care, etc.)
- Plan to collect vital program data from the very beginning of your program and on a regular and on-going basis.
- Establish measurable objectives and outcomes for all key elements of the program.
- Establish timelines related to these goals.

**Lessons from the field**...

1. Successful implementation of a program is demonstrated by a school telehealth model that provides high-quality healthcare to students in a clinic setting while at school. It is carried out via credible assessment practices of a registered nurse and high-definition telehealth equipment to an NP, PA, or physician.

2. Goals are understood and embraced by staff by involving them in the process of developing the goals. Tying the “why we provide care the way we do,” with the “how” increases engagement.

   Use data that is captured in electronic format, such as the electronic health record to make collecting and reporting data more thorough and accurate. When doing surveys, use electronic tools such as Survey Monkey that have tabulation and reporting features.

3. Having a structured evaluation created an opportunity to use the feedback as a tool for improvement. In addition, it highlighted areas of strength that can be useful in marketing your program. Also, the evaluation process provided an objective outlook and ideas to enhance workflow of the program as well as services offered:

   “The goal of the School Telehealth Program was to increase access to healthcare for students utilizing technology, while positively impacting the nurse: student ratio in Branch County. An additional goal was creating a model that was sustainable. The goal of increasing access to healthcare never wavered throughout the project, but our focus on sustainability has become a priority with the grant coming to a close. Through the Transformational Grant, CHC was able to achieve a replicable model of school based health care using RNs and telehealth equipment in the schools with a hub and spokes model to the Pediatric and Adolescent Center. This program was the first of its kind for the State of Michigan.”

B. **Best Practice**: Develop a continuous quality improvement process (CQIP)
• Choose an area of telehealth to monitor for quality – could be satisfaction, standard of care for a particular illness, etc. Develop a plan to monitor, assess the measure, plan for improvements, reassess measure.

Lessons from the field...

1. The telehealth patient satisfaction survey, which provides valuable program data, can only be filled out by students in 7th grade or above. Keep this in mind when planning where to locate telehealth services. If located in an elementary school, survey data will be lacking.

2. “Because we were taking part in a pilot model, many issues arose and were dealt with on an as-needed basis. Workflow improvements were designed with the medical director and staff input and then placed into policy format for consistency.”

3. “When an additional clinic was brought on in year 2, identified issues from previous launches were avoided by revisiting lessons learned. All new employees are required to complete a thorough orientation and policy review.”

4. “One area identified in CQIP was incorporating the online risk assessment or post visit satisfaction survey into the initial workflow. In replicating this model, a recommendation would be to take the time to bring in these required surveys early in your process to make it part of the routine of care. These pieces can help gain revenue through enhanced billing and process improvement.”

C. Sample Documents in Appendix for Step 3

• School telehealth outcomes and evaluation measures
• CQIP
Step Four: Showcase Your Model – Marketing & Communication Plan

A. Best Practice: Know your story

- Know your story – and share it with others! Provide internal communication within your organization, such as informational flyers or open houses to see the clinic. Local radio interviews can raise awareness within the community. Clinic staff should be present at school open houses, parent/teacher conferences, and back-to-school staff in-services. Offer clinic tours for community partners and presentations for their staff to explain the scope of the clinic. Community Advisory Committees have a multi-disciplinary representation of members that can disseminate accurate information regarding the clinics and services at a community level.

- Written testimonials used in annual reports are an effective way of reinforcing the value of school telehealth. Video testimonials and social media outlets also are a cost-effective way to share your message.

Lessons from the field...

_Case studies are powerful. Here is an excellent example:_ A high school student was assessed at the clinic and identified as needing a linked medical visit. Upon further assessment, we learned the student lived with his single mother, did not have insurance, and had not seen a physician in six years. The telehealth clinic was able to work in partnership with the Community Health Agency Certified Health Navigator to assist this student and his mother with health care coverage. In turn, the student was able to receive the healthcare he needed and get his vaccination status up to date. The student was also referred to a local eye doctor after he was enrolled into his insurance. The student was in need of mental health services, and through collaboration between the school and clinic, he was set up with counseling. Certified interpreter services were used in his care and when communicating with his mother to enhance communication between all partners. This student is healthy and is doing well in school now.

B. Best Practice: Market to your administrators and others within your organization

- Let them know when you meet goals and add value to the organization.

Lessons from the field....

_Garner support!_ A presentation at the board level is important to gain feedback at the administrative level. Annual reporting to the board of trustees on the clinic is recommended.

C. Best Practice: Market to your community

- Build your message based on wants, needs, measurements and outcomes.
• New partnerships can be formed based on program successes.

Lessons from the field....

The program can sell itself. Be open to community members that approach your clinic with partnership opportunities.

D. Best Practice: Invite others to be part of your success

• Tell the world what good things you’ve done and what’s coming next.
• Be generous with giving credit.

Lessons from the field....

It takes a village! The success of your program will be a culmination of many efforts. Don’t be afraid to ask for help. It won’t be long before you are the expert in your area and can pay it forward.

E. Sample Documents in Appendix for Step 4

• Annual report example
• Communication plan
• Infographic example
Step Five: Sustainability

A. Best Practice: View grants as short-term ‘pilot funding’
   • Actively seek long-term funding strategies from the outset.

Lessons from the field....
1. Work with philanthropic resources for long-term funding and endowment opportunities. Organizations and foundations that support innovative approaches to healthcare or unique ways to increase access to healthcare are desirable.
2. Seek support from local community foundations and other giving organizations in your community.
3. Be able to demonstrate to potential funders an ability to assist in sustainability, such as billing for services, in-kind support from collaborative partners, and top-of-mind awareness within your organization’s fund development department. The innovative nature of this model peaks interest within alternative funding sources outside of healthcare.

B. Best Practice: Develop multiple revenue streams
   • Identify and develop your revenue and reimbursement opportunities.
   • A sustainable program requires multiple revenue streams.

Lessons from the field....
1. Frequently used billing procedure codes have been provided in the Appendix.
2. Billing for services when performing telemedicine visits, RN visits, and immunizations have created a stream of reimbursement for the program. Clarification is often needed regarding billing for telehealth, 99211 guidelines, and RN visits under standing orders.
3. Keep in mind that the originating site (where the patient presents) receives the telehealth facilitation fee, and the distant site (where the provider is located) receives the revenue for the billed visit. The originating site should use the same dx code as the distant site: labs and spirometry should be billed from the originating site, and patient education should be billed using the proper evaluation and management (E/M) codes. Detailed billing-related resources can be found on the CAHC website: http://www.cahctelehealth.com/billing/
4. Sites that noticed discrepancies between billed visits and tracked telehealth visits using GT modifiers found it helpful to run a report for Q3014 (HCPCS code for “telehealth originating site facility fee”) on a monthly basis to find and resolve errors more quickly.
5. It is recommended that each year you familiarize yourself with new billing requirements for each vendor to ensure proper billing and reimbursement.
C. **Best Practice**: Partner with larger organizations and communities

- Learn from others in the field about their sustainability strategies and challenges.
- Look for feasible ways to integrate your model into intervention settings and existing infrastructure and workflows to increase the likelihood of your model becoming widely adopted and sustained.

**Lessons from the field**....

“Choosing a fiduciary with ample resources that can assist in making your clinic successful would be recommended. Support from IT, billing, electronic health record, and existing clinic experience were useful in our pilot and were provided by the hospital. The expertise of the staff at the state-level allowed for success from a school-based health perspective.”

D. **Sample Documents in Appendix for Step 5**

- Strategic plan example
Appendix Items

Step One: Environmental Analysis and Organizational Readiness

Documents

- Organizational readiness check list – SWOT analysis
- School readiness checklist

Step Two: Detailed Implementation Plan

Documents

- Telehealth model of care policy
- Staffing and training
- Implementation of telehealth
- Telehealth-telemed equipment requirements and cart use
- Telehealth-script and workflow
- Telehealth Process SBHC and PCP
- Use and limitations of telemed for visits

Step Three: Performance Monitoring Plan

Documents

- School telehealth outcomes and evaluation measures
- CQIP

Step Four: Showcase Your Model – Marketing & Communication Plan

Documents

- Annual report example
- Communication plan
- Infographic example

Step Five: Sustainability

Documents

- Strategic plan example
Appendix

Step One: Environmental Analysis and Organizational Readiness
**SWOT Analysis**

As you work through each category, don't be too concerned about elaborating at first. Just capture the factors you believe are relevant in each of the four areas. Once you are finished, reorder the items in each category from highest priority to lowest.

<table>
<thead>
<tr>
<th><strong>Strengths</strong> (internal, positive factors)</th>
<th><strong>Weaknesses</strong> (internal, negative factors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths describe the positive attributes, tangible and intangible, of your organization. These are within your control.</td>
<td>Weaknesses are aspects of your business that detract from the value you offer or place you at a competitive disadvantage.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Opportunities</strong> (external, positive factors)</th>
<th><strong>Threats</strong> (external, negative factors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunities are external attractive factors that represent reasons for your business to exist and prosper.</td>
<td>Threats are external factors beyond your control that could put your business at risk. You may benefit from having contingency plans for them.</td>
</tr>
</tbody>
</table>
**School Readiness Checklist**

| Core Readiness                                      | • Recognition of unaddressed physical and mental health needs  
|                                                  | • Dissatisfaction with the status quo  
|                                                  | • Legal and reimbursement rules governing telehealth practices locally and regionally  
| Engagement                                        | • Champions  
|                                                  | • Reduction of nay-sayers/resisters  
|                                                  | • Education and awareness for community, school, parents and students  
|                                                  | • Ability and willingness of senior administration to consider benefits  
|                                                  | • Alignment with school’s mission or strategic plan.  
|                                                  | • Willingness to consider long timelines for implementation  
|                                                  | • Cost–benefit analysis  
| Structural Readiness                              | • Identification of clinic space and equipment  
|                                                  | • Well conducted needs assessment  
|                                                  | • Community consultation process; ownership  
|                                                  | • Determine the range of technologies available to provide telehealth  
|                                                  | • Accessible, comprehensive technical support, locally available and on-call  
|                                                  | • Major organizational or technology barriers in the school or sponsoring organization that should be addressed  
|                                                  | • Effective scheduling; integration into the school routine  
|                                                  | • Provision of a telehealth coordinator  
|                                                  | • Written policy on reimbursement, liability, cross-jurisdiction use, privacy  
|                                                  | • Sufficient ongoing funding (local, provincial, federal)  

Appendix

Step Two: Detailed Implementation Plan
Telehealth and Telemedicine Policy

PURPOSE:

a. To improve access to health care services by enabling the provision of health care with the utilization of telehealth equipment in order to meet the needs of the patient, while complying with all applicable federal and state statutes and regulations.

b. To outline the minimum requirements related to the performance of telehealth services.

SCOPE

a. This policy applies to all organization’s employees, management, contractors, student interns, and volunteers.

b. This policy describes the organization’s objectives and policies regarding the use of telehealth services in Michigan child and adolescent health centers/network.

DEFINITIONS

(1) **Telehealth Services** are those services that are provided using communication technologies for clinical care (telemedicine), patient teaching and home health, provider and health care professional education (distance learning), administrative and program planning, and other diverse aspects of a health care delivery system.

(2) **Telemedicine services** are the practice of health care delivery, diagnosis, consultation and treatment, as well as the transfer of medical data through interactive audio, video and data communications that occur over a secure connection in the real-time or near real-time, and in which the provider and the patient are not at the same site. For purposes of the delivery of mental health care via telemedicine, the use of telemedicine shall be considered a face-to-face, in-person encounter between the provider and the patient, including the initial visit.

The following shall not be considered telemedicine:

a. Telephone conversation (including text messaging)

b. Electronic mail message

c. Facsimile (fax)

d. Store and forward

e. Unsecured networks such as Skype, FaceTime, etc.

(3) **Distant site** means the site where the medical provider providing the service is located at the time the service is provided via audio/video telecommunications.

(4) **Provider** means an NP, PA, MD or DO, LMSW, LLMSW or CFT with an unrestricted license that provides health or mental health services at the distant site.
(5) **Health Care Professional** means a licensed nurse or medical assistant trained in the provision of telehealth services.

(6) **Presenter** means a health care professional that is at the originating site with the patient and at the start of the telemedicine visit, presents the patient to the provider at the distant site.

(7) **Originating site** means the location of the client receiving health care services at the time the service is being performed by a provider via audio/video telecommunications.

(8) **Video conferencing** means conferences and/or consultations between the client, the presenter and the provider are held live over distances via a range of telecom services.

**RESPONSIBILITIES**

**A. Executives/Management**

1) Provides and oversees training in telemedicine equipment for appropriate providers and health care professionals.

2) Approves privacy policy for the use of all medical and mental health care services including those provided by telemedicine services.

3) Ensures appropriate maintenance of telemedicine equipment occurs according to agency policy.

4) Designates a telemedicine expert at the agency.

5) Ensures retention of telemedicine policies and procedures, training documents, quality improvement documents to meet compliance requirements.

6) Ensures telemedicine sites shall meet all technical and confidentiality standards as required by state and federal law in order to ensure the highest quality of care.

**B. Originating Site Health Care Professional**

1) Appropriately completes necessary training to utilize telehealth equipment and, when necessary, perform parts of the physical exam as directed by the provider.

2) Ensures telehealth equipment is functioning properly prior to use with a client.

3) Appropriately triages the client for appropriateness of telemedicine services.

4) Ensures the client has a consent on file for services at the health center.

5) Assesses the client’s willingness to participate in a telemedicine visit.

6) Provides informed consent for the client regarding telemedicine procedures.

7) Receives pertinent medical history from the client and parent or guardian and communicates the information to the provider, as necessary.

   a. Client history of medical allergies
   b. Client vital signs
   c. History of Present Illness
   d. Pertinent Past Medical History
   e. Results of appropriate POC testing performed through standing orders
   f. Client preferred pharmacy
   g. Contact information of the parent/guardian

8) Ensures client confidentiality throughout the telemedicine visit.
9) Ensures the health center environment is conducive to providing a telemedicine visit (quiet, comfortable, etc.).
10) Assesses client and family satisfaction with telemedicine visit after completion of the visit.
11) Follows the standards of care of his/her profession when administering client care through telemedicine equipment.
12) Is aware of limitations to telemedicine visits, and his/her own professional skills.
13) Appropriately codes the visit using telemedicine modifiers.

C. Distant Site Provider

1) Appropriately completes necessary training to utilize telehealth equipment.
2) Ensures telehealth equipment is functioning properly prior to use with a client.
3) Ensures client confidentiality throughout the telemedicine visit.
4) Provides verbal and/or written summary to the client’s parent/guardian after the visit.
5) Provides verbal and/or written summary of the visit to the client’s primary care provider.
6) Ensures the health center environment is conducive to providing a telemedicine visit (quiet, comfortable, etc.).
7) Assesses client and family satisfaction with telemedicine visit after completion of the visit.
8) Follows the standards of care of his/her profession in the assessment, diagnosis, treatment and evaluation of a client using telemedicine equipment.
9) Understands the limitations of telemedicine visits, and refers the client for in-person care, where appropriate.
10) Codes the visit using appropriate telemedicine modifiers.

TELEHEALTH RECORD REVIEW

The agency and employees of the health center will include telemedicine visits in the Continuous Quality Improvement (CQI) procedures according to agency CQI policies.

CLIENT CONFIDENTIALITY

The agency and employees of the health center will ensure client confidentiality throughout telemedicine visits according to the agency’s confidentiality policies.

CLIENT EDUCATION

The following client informed consent/assent procedure will occur with regard to telehealth visits:

1) The parent/guardian will be given a consent for services that contains general information on telehealth, the limitations of telehealth, and be informed that they may opt out of telehealth visits prior to
2) The client will provide verbal assent to participate in a telehealth visit, as well as be informed that they may opt out of telehealth visits. Child/teen assent will be documented in the patient’s medical record.

**DOCUMENTATION**

Documentation of telehealth visits will be recorded in the electronic health record according to agency policies and procedures.

**STAFF TRAINING**

a. Describe your agencies training policies for the utilization of telehealth equipment: (See References for Telehealth Training Checklist)

1) New staff member training:
   1) Recurrent training:
   2) Special function training:

2) [Identify privacy training program content.]

**BILLING DEPARTMENT**

4) Assists in development and execution of appropriate billing procedures for telemedicine visits.
5) Provides feedback to providers and health care professionals on the appropriateness of visit coding for telemedicine visits.
6) Submits billing for telemedicine visits according to agency policies and procedures.

**MAINTENANCE OF TELEHEALTH EQUIPMENT**

**Pre-Installation**

a. Log manufacturer, model and serial number of all equipment.

b. Assure equipment is working accurately and that the inspection is current.

**During Installation**

a. Access health center utility system for compatibility and safe use in relation to electrical outlets, extension cords, grounding and cord connection.

b. Unpack, assemble and test equipment function.

c. Make connection with the provider station to validate assessment findings.

d. Medical peripherals should be checked for accuracy based on manufacturer’s instructions.

e. Perform troubleshooting procedures, if necessary.

f. Correctly store medical equipment in the health center.

g. Agency determines if telehealth equipment requires immediate emergency maintenance, replacement or backup.

**Equipment Storage**

a. Clearly identify and separate areas for:

1) Clean and dirty equipment.
2) Cleaning and disinfecting equipment.
3) Equipment requiring maintenance or repair.
4) Maintain storage area cleanliness.

Maintenance of Equipment
a. Perform yearly safety, operational and function checks and as problems arise.
b. Perform routine and preventative maintenance at defined intervals.
c. Track the location of each piece of equipment (include serial number).
d. Document maintenance, testing and inspections on equipment log.
e. Monitor and act on equipment hazard notices and recalls.
f. Monitor and report incidents in which a medical device is connected with the death, serious illness of any individual as required by the Sage Medical Devices Act of 1990.
g. Notify patients, staff and prescribing physician of medical equipment hazards, defects, recalls.
h. Follow defined process for written reports to the manufacturer and the appropriate regulatory agency when a known equipment malfunction or serious injury or death associated with equipment occurs.

REFERENCES


The Great Plains Telehealth Resource and Assistance Center


**School Telehealth Programs** use registered nurses (RNs) working under physician standing orders to provide high quality, comprehensive health care to students while they are at school. For care that is needed beyond what a RN can provide, they use specialized video and audio connections to link youth at the school clinic to primary care providers located in a pediatric or school-based health center in their community.

**Staffing: Required Roles and Responsibilities**

While a single person may cover one or more of these roles, the following functions should be considered:

### At the Distant Telehealth Site:
- **Clinicians/Healthcare Providers** at the distant site who are committed to telehealth services.
- A **Nurse Practitioner** at the distant site who is dedicated to receive linked telehealth visits from the school clinic during designated hours is ideal. *(The “prime time” for student visits is also a busy time for most physician offices. Having an NP who can cover these high volume times alleviates stress on the practice overall, while ensuring availability/coverage for the telehealth clinic.)*
- **Medical Director**, who is the supervising physician of record for the Registered Nurses at the originating school clinic site.

### At the Originating School Clinic:
- **Program Coordinator**, responsible for:
  - Training of nurses and other staff.
  - Ensuring policies and procedures are updated and adhered to.
  - Primary contact for anyone in the schools about the telehealth program – teachers, principals, parents.
  - Lead on presenting the program to parent, faculty & community groups (in the school and out, such as County Commissioners or Rotary)
- **Office Staff**, responsible for:
  - Phones and scheduling.
  - Ordering and restocking supplies.
  - Collecting enrollment and consent forms.
  - Processing claims and sending out bills for co-pays.
  - EHR “Owner” – primary contact.
- **Registered Nurses** (RN) to staff school clinic, facilitate telemedicine visits and implement standing orders. *(While telemedicine equipment can be operated easily by most people after a short demonstration, ideally an RN – who has a larger scope of practice and clinical experience – should provide the telemedicine exam. Additional training may be required-see TipSheet #6- Training RN’s.)*
- **IT Staff** to help with equipment, software and connectivity issues. This can be a shared resource with the school or distant site – but ideally would be on-call during clinic hours.

### Hiring Considerations at the Telehealth Clinic:
- Candidates should be screened by human resources and the medical director for qualifications, and by coworkers for culture fit.
- Screening should include assessment:
  - Of comfort level with sensitive issues (sexual health, LGBTQ) to ensure the candidate is free of bias and that personal beliefs will not conflict with services to be provided.
  - Ideal candidates should be flexible, able to “go with the flow” and willing to switch between tasks/roles.
  - Of any potential conflict of interest with the school community or community, in general.
Training and Role Recommendations:

- Having the telehealth school clinic RN staff shadow individual distant site clinicians for assessment techniques will gain buy-in from the clinicians. The clinicians at the distant site need to fully trust the assessment skills of the RN staff to act as their proxy during an assessment via telehealth. Each clinician has a unique style of practice and physical assessment, this in-person “hands-on” training provides an understanding of each clinician’s unique preferences, language, and expectations.
- RNs will need to be fully trained in all aspects of the equipment (how to use and hold it properly) and in how to improve or maximize performance of the equipment (e.g. removing cerumen from the ear canals for better image quality). Ideally, both the distant site provider and the RN will be trained together (in the same space) and have the opportunity to practice with the equipment. See RN Training tip sheet.
- Identify IT and clinic staff responsible for technical issues and interfacing with telehealth equipment company. These will be invested/champions of the model. Duties will include:
  - Setting up and testing new equipment.
  - Becoming a ‘super-user’ of both the equipment and the EHR in order to be the first person to call for tech support.
  - Testing the equipment and connections regularly.

Workflow Sample:

See example workflows for SBHC and PCP distant site providers.

Workflow Tips and Recommendations:

- When the originating school site uses a different EHR/billing system than the distant site, there are added considerations for workflow and documentation. It will take additional time to register new students from the originating school site into the EHR of the distant telehealth site. A registration workflow process can help medical assistants (MAs) register patients at the distant site. Another helpful method is to appoint a telehealth technician to manage telehealth registrations. The workflow might look something like this: RNs from originating school clinic sites across the county scan consent documents into a web-based portal (such as AGNES Interactive); and then a centrally located telehealth technician with access to the portal uses the scanned consent documents to register students into the distant telehealth site’s EHR system. Note: Many sites have reported that AGNES Interactive works best through Google Chrome.
- Bring in required surveys (screenings, risk assessment, satisfaction) early in your process to incorporate them as part of routine care. In addition to providing valuable clinical and program insight, the resulting information can provide data for grants and PR efforts, as well as facilitate billing and process improvement.
- It can be helpful to have a half hour or so gap between when the RN begins working with the student and when they are scheduled to be seen by the provider at the distant telehealth site. With strong standing orders in place, this gap provides time for the RN to begin the assessment – and to run any necessary tests in advance (e.g. rapid strep, urine analysis)
- Be rigorous about documenting change in processes and why they occurred (the lessons learned) – and include these findings in new hire training materials.
Implementation Process for creating the Telehealth Clinics

The Community Health Center of Branch County (CHC) applied for a Michigan Department of Health and Human Services (formerly Michigan Department of Community Health) MDHHS grant in collaboration with the local health agency, community schools and Intermediate school district.

Upon award the following implementation steps were completed. These steps although in sequence also happened concurrently at times.

Hired School Telehealth Program Manager/RN for Coldwater Schools

- Immediately began looking for RN for Bronson Schools
- Candidates interviewed with program staff after clearance from human resources.
- Desirable candidates then would be interviewed by medical director.
- If cleared by physician, candidates had a second interview to see if they are open to discussing sensitive issues with students. (sexual health, LGBTQ)
- Are the candidates free of bias? Would religious beliefs affect their reaction to student diversity?

Began reading and modeling the “Minimum Program Requirements for Child and Adolescent Health Centers”

- Primary Care- Who will be the provider?
- What services will you provide with Telehealth? Acute Care visits
  - Sore Throats
  - Cough Fever
  - Sinus Congestion
  - Allergies
  - Simple Urinary Issues
  - Sports Physicals
  - Immunizations
  - Health Education
  - Mental Health Assessment
  - Referrals

- What services will your clinic NOT provide?
  - Abortion Counseling Services
  - Referrals for abortion services
  - Provide, dispense, or distribute family planning drugs on school property

Provide Insurance to the Uninsured

- Approach local health department to find a certified navigator.
- If budget allows, contract navigator to assist students in clinic.

Apply for CLIA waived testing certificate

- Which tests will your clinic provide? (ex. Strep, mono, influenza, glucose, urinalysis, pregnancy)
- Where will your cultures be sent? (all strep negative results, and urinalysis studies are sent for culture)
STI/HIV Testing
- Minor Confidential vs. Medicaid vs. private insurance
- Are you collecting urine or using vaginal swab or both?
- Parent Permission? If yes, send to hospital. If no, send to the state.

Clinic Set-up
- Visit existing outpatient health centers to give ideas on how to model your clinic.
- Make clinic appealing to the age of patients being served. (we have found that teens enjoyed being a part of the decision making process. ex. murals education pamphlets, giveaways)

Exam Space Items
- Telemedicine Cart
- Exam table
- Vitals Signs Machine
- Sink (must be American Disabilities Act compliant)
- Scale with height bar
- Snellen eye chart
- 02 tank
- Pain scale chart
- HIPPA Privacy Notification Forms
- Sharps box

Vaccines
- State approved refrigerator/freezer with separate compressors for Vaccines for Children (VFC)
- Alarm Monitoring System (ex. Sensaphone)
- Min/Max Thermometers
- Data Loggers
- All staff must be trained at local health department to receive VFC Vaccines.

Lab Space
- Clinical Laboratory Improvement Amendments (CLIA) waived tests
- CLIA waived test training
- CLIA waived testing certificate from the state must be hanging in the lab space.
- Designated and marked "clean" and "dirty" spaces in testing areas
- Biohazard Pick-up
- Ice Machine
- Vaccines- Private and VFC
- Vaccine Information Statements (VIS)
- Specimen refrigerator
- Min/Max temp thermometer for specimen refrigerator
- Dressings
- Over the counter medications
- Medication log
- Emergency Bag- Benedryl, epinephrine, decadron, albuterol nebulizer, albuterol inhaler, syringes, alcohol wipes, oxygen tubing.
- Urine specimen cups
- Biohazard bags Biohazard Pick-up
• State STI testing supplies and shipping containers
• Dressings
• Oxygen tubing
• Non-rebreather mask
• Ambu-bag
• Peak flow meter
• Coban wrap for sports injuries
• Linen
• Syringes
• Needles

Waiting Room Space

• Private desk area for scheduling
• Vinyl covered chairs for easy cleaning
• Decor that is cheerful and age appropriate for ages served
• TV/DVD player- for informational videos on health topics and also helps with background noise to help with privacy.
• Age appropriate reading materials and health education cards (we have found that students will not take large pamphlets, but will take small wallet sized cards)
• Laminated “Cover you Cough” poster
• Education Board that is changed frequently to keep students interested

Scheduling Patients

• Be flexible-allow for mainly walk-in appointments
• Don’t scold patients for not making appointments. Students have many factors that may interfere with them being able to make appointment on time.
• Many schools have a period of time in their day that students are able to study or get help from teachers on classes that they may be struggling with. This is a great time to schedule patients for less emergent problems and keeps you from disrupting students in their core classes.
• Make sure the scheduling area allows for privacy.

Where will the clinic be located within the school?

• Meet with Superintendent/ Principal/ Board of Education
• Does the space allow for patient privacy?
• Is it easy for patients to enter and exit easily?
• Do you enough designated space for exams, lab collection, and waiting area space?
• Is there a bathroom nearby so patients can self-collect specimens?
Telehealth-Telemed Equipment Requirements and Cart Use

Equipment:
Tele-health school cart which includes:
  - Utility cart
  - Tele-health Monitor
  - Web-cam
  - Headphones
  - Tele-health Stethoscope
  - Examination Camera
  - Tele-health Otoscope

Additional monitor/headphones/video conferencing software at distant site

Connectivity:
  - Agnes Software (AMD)
  - Cisco Jabber- Video component
  - Fiber optic line using Ethernet
  - Internet Protocol Telephony
  - Sensophone for immunization refrigeration monitoring
  - Fax

Steps for turning on the telehealth unit in A.M.:
  - Every morning turn on unit and pull up Agnes Software to check to make sure that stethoscope, otoscope and web cam are in working order.
  - Pull up Cisco Jabber and scroll over to the phone and make sure that there isn’t an “X” over the top of it. If there is an “X” over it. Turn entire computer off and restart the computer. If the “X” continues to cover the phone, call x5080 and ask IT to assist you if correcting this.
  - Password for the computer is ###

Steps for turning off telehealth unit in P.M.
  - Turn off main screen on top of the tower
  - Remove the bottom on the otoscope and place in the outlet for the night
  - Please check to see that web cam light and camera are off.

Steps for Using Accessories on telehealth unit:
  - To use the stethoscope, simply press Start, and place headphones over your ears. By doing this, both practitioners will be able to hear the heart tones and lungs sounds simultaneously.
  - To use the Otoscope, go to the drop box where it is labeled Video. The box will say “No Video”. Click on the arrow to the right of this and choose “otoscope high”. There will be a dew second delay and then there will be a black box that shows up. This is how you will be able to visualize
the inner ear on the screen. Place otoscope specula on the end of the otoscope (located in the top drawer of the cart) and spin the green button around to turn on the light. Place otoscope into the ear or nose and the images will display on the computer screen. When exam is completed, change the drop down box back to “no video”, turn the light off before putting it back down.

- To use the **Web Cam**, go to the drop box where it is labeled Video. The box will say “No Video”. Click on the arrow to the right of this and choose “Webcam High”. There will be a few second delay where the screen will turn blue. Then you will pick up the exam cam, and turn on camera and light. The image will then appear on the computer screen.

**Cisco Jabber:**

Cisco Jabber is the teleconferencing piece for face to face interaction between nurse/patient and the Nurse Practitioner/Physician.

- To call the Peds office simply take the mouse over the bar where it says **Peds Telehealth**.
- Scroll to the right if this box and a small picture of a phone receiver will appear.
- Click on this and the call will begin to the Peds office. When the call is answered, the image of the practitioner will appear.
- When the exam is completed, go to the bottom of the screen and **click on the red phone**. This will end the call.
Telehealth Visit – Script and Workflow

Example Script to Explain to Students:

Due to (reason they came into the SBHC or symptoms we find) we would like you to see our (nurse practitioner/doctor). We are going to use telehealth technology for this visit. Telehealth is a sophisticated type of medical Skype or FaceTime that will connect us to the (NP/Dr) in the (peds office/SBHC) across town. The (NP/Dr) will see and talk to you through our equipment and monitor. (He/She) will see and hear the exam exactly the way you and I do. I will show you everything before we actually use it during the exam. Are you OK with this type of visit with the (NP/Dr)?

Workflow:

- Parental consent given for clinic to treat student
- Student visits clinic, risk assessment completed
- Student examined by a registered nurse and standing orders initiated based on student’s symptoms
- After RN assessment, student linked to licensed healthcare provider using telehealth equipment with nurse facilitating the examination
- Licensed healthcare provider makes diagnosis and treatment recommendations
- RN provides treatment as directed by healthcare provider and/or follow-up with healthcare provider when needed OR student referred to emergency room as needed
- If parent is not present during visit, parent contacted to provide visit summary and follow up instructions
**Intake**

Client presents for visit.
RN ensures parental consent is on file.

RN will verify demographic and financial information for client and start the CH Visit Record.

RN will assess for type of appointment to determine if client needs to be assessed by Provider.

If yes, RN assesses client’s willingness to participate in a telehealth visit and provides informed consent for the client.

RN calls PHT at GBDWC or IHC to schedule telehealth appointment. At appointment time, RN and Provider ensure telehealth equipment is functioning properly. Once this is established, the RN and Provider sign onto the AGNES website. Pellston telemed at “+” beside top tab, click on AGNES in “Web Choices” below.

PHT will verify financial information and MCIR.

Using Telehealth equipment, RN and Provider collaboratively provide confidential visit using standards of care.

In Child Health Module, Visit Tab, RN will enter:
- Interpreter
- Visit Reason
- Source
- Click Save

In Child Health Module, Complaint Tab, RN will enter:
- Chief Complaint
- Click Save

In Child Health Module, HPI Tab, RN will enter:
- History of Present Illness
- Click Save

In Child Health Module, Review of Systems Sub-Tab, RN will enter:
- All necessary information
- Click Save

In Child Health Module, Labwork Sub-Tab, RN will enter:
- Lab Test(s) completed for client, along with results
- Click Save

Click on History Tab.
Review Family and Self History Tabs, adding or updating as needed.
In comment column, type date and initials when making changes to current items, as well as when inserting new items.

RN will click on Encounter tab (smiley face) and enter originating site encounter using Q0304 2 using Encounters Press – Client Specific N-493

Provider will activate client by pressing RS if you know the client ID #, or R6 to do a client search.

In the CH Module, double-click on today’s visit from blue grid screen to access visit information.

---

**SWP. Telehealth Process**

Provider will review exhibits, MCIR form, and all information entered by RN.

Provider will check last visit’s SOAP note for plan of care, Vital Signs, and alerts, if applicable.

Click on Physical Exam Sub-Tab, if applicable, enter appropriate information. Review previous Physical Exam history if present.

Click on Assessment Sub-Tab. Select and complete appropriate sub-tabs as needed:
- Asthma
- Hearing/Vision
- Sexuality, Reproductive, STI
- Tobacco/Substance Abuse
- Wellness

Click on Problem Tab:
- Click Insert on keyboard, enter all appropriate problems, include start date and Status.
- Add End date if needed for any previous entries.

Click on Orders Tab
If not using OrderConnect:
- Click on Insert on left of screen
- Select visit problem in “Problem” drop-down list
- Select visit diagnosis in “Diagnosis” drop-down list
- Select medication in “Specific” drop-down list
- Select Order O in “status” drop-down list
- Select NO Drug Therapy Prescribed in “Drug” drop-down list
- Click OK

If using OrderConnect, follow steps on N-296.

Click on Counseling/Educ Tab
- If written material was given to client, enter Date, Provider, and Comments.

---

CAHC-27; 11/28/16

Continued next page >>>
In CH Module, with client’s visit open, click on “Billing Encounter” in gray bar at top of visit. Click Insert New. Enter encounter date, select Clinic from dropdown list, and click OK. Click on Billing Tab.

**Billing General Tab**
Complete Required Fields:
- CoSite
- Visit Type
- Visit Status
- Billing Supervisor (Always Dr. Meyerson)

Click on **Procedure Details Tab** - Complete
- Sub-Program: Child & Adolescent Health
- Provider – of Service
- Procedure – RN selects Telehealth Originating Site Fee or Rapid Strep test.
- Procedure – Provider selects visit code from drop-down list.
- Payor Class – Choose and check to ensure correct.
- Insurance: Choose correct Insurance
- Units – Defaults to 1
- Hours/Minutes – Enter
- The provider must add the modifier, “Via Interactive Audio and Video telecommunications systems.”

Press **Add Another Detail**  (lower left of “Procedure Details) to enter additional services for the SAME client.

Click on **Diagnosis tab** and select appropriate diagnosis code from dropdown box or click on World button and in the “Term” box, type in DX code or description, click search. Double click on selected Diagnosis code and it will populate the Diagnosis tab. If additional diagnosis are needed, repeat the process.

Click on **Save**

---

**SOAP NOTE**

Click on **EMR tab**

Click on **EMR Notes**

Click on **Insert**

At Note Type – Select SOAP Note EMR note type from dropdown list

Select your name as provider from drop down list.

Select Sub Program
Child and Adolescent Health

Select Cosite

Click on **Pre-Defined Text**

Double click on name of Pre-Defined Text. This will insert text into soap note memo field.

Make any necessary changes, additions, or deletions to the memo

Click on follow-up needed, WOW program, or referrals if appropriate for client.

Click “Save”, then click “Close”

If plan of care is established, Provider/RN will complete visit documentation as described and provide verbal and/or written summary to client and/or parent/guardian

If assessment, diagnosis, treatment and evaluation are beyond the limitations of a telehealth visit, the Provider will refer client for an in-person care, where appropriate.
Intake

Client presents for visit. RN ensures parental consent is on file.

RN will verify demographic and financial information for client and start the CH Visit Record.

RN will assess for type of appointment to determine if client needs to be assessed by NP.

If client does not have consent on file for the provider, RN will follow the SWP Telehealth process, CAHC-27

If yes, RN assesses client’s willingness to participate in a telehealth visit and provides informed consent for the client. RN calls parent to discuss telehealth visit, demographics, verify health insurance.

RN calls provider to schedule telehealth appointment. At appointment time, RN and provider ensure telehealth equipment is functioning properly. Once this is established, the RN and provider sign onto the AGNES website. Boyne telemed: at “+” beside top tab, click on AGNES in “Web Choices” below.

RN will enter client documentation in provider’s EHR system.

Using Telehealth equipment, RN and provider collaboratively provide confidential visit using standards of care. RN and provider will discuss diagnosis code for client.

In Child Health Module, SWP Quick Visit Tab, RN will enter:
- Visit Reason – Telehealth Visit
- Click Save

On Nursing Sub-Tab, RN will enter:
- Check Medications and Allergies
- If updates are needed, click on “Go to EMR Medications” button and add or update as needed. Click Insert on keypad to add additional medications or allergies.
- Click Save and Close

SWP RN Encounter and Visit Entry N-642

If a rapid strep test was completed, in Child Health Module, Labwork Subtab, RN will enter Rapid Strep test completed for client, along with results:
- Click on space in Stat Lab section
- Press Insert key
- Click on “test” dropdown
- Choose Rapid Strep
- Tab through to results
- Type pos or neg
- Enter your name in “Performed by”
- If Negative and culture sent, indicate in comment line.
- Click Save

Click on History Tab. Review Family and Self History Tabs, adding or updating as needed. In comment column, type date and initials when making changes to current items, as well as when inserting new items.

Click on Diagnosis tab and select appropriate diagnosis code from dropdown box or click on World button and in the “Term” box, type in DX code or description, click search. Double click on selected Diagnosis code and it will populate the Diagnosis tab. If additional diagnosis are needed, repeat the process.

Click on History Tab.

In CH Module, with client’s visit open, click on “Billing Encounter” in gray bar at top of visit. Click Insert New. Enter encounter date, select Clinic from dropdown list, and click OK. Click on Billing Tab.

Billing General Tab

Complete Required Fields:
- CoSite
- Visit Type
- Visit Status
- Billing Supervisor (Always Dr. Meyerson)

Click on Procedure Details Tab - Complete
- Sub-Program: Child & Adolescent Health
- Provider – of Service
- Procedure – Select Telehealth Originating Site Facility Fee or Rapid Strep test.
- Payor Class – Choose and check to ensure correct.
- Insurance: Choose correct Insurance
- Units – Defaults to 1
- Hours/Minutes – Enter
- the provider must add the modifier, “Via Interactive Audio and Video telecommunications systems.”

Press Add Another Detail (lower left of “Procedure Details) to enter additional services for the SAME client

In Child Health Module, SWP Quick Visit Tab, RN will enter:
- Service Category
- Telehealth Section

Click on Diagnosis tab and select appropriate diagnosis code from dropdown box or click on World button and in the “Term” box, type in DX code or description, click search. Double click on selected Diagnosis code and it will populate the Diagnosis tab. If additional diagnosis are needed, repeat the process.

If a rapid strep test was completed, in Child Health Module, Labwork Subtab, RN will enter Rapid Strep test completed for client, along with results:
- Click on space in Stat Lab section
- Press Insert key
- Click on “test” dropdown
- Choose Rapid Strep
- Tab through to results
- Type pos or neg
- Enter your name in “Performed by”
- If Negative and culture sent, indicate in comment line.
- Click Save

Click on Save

CAHC-57; 11/28/16

SWP Boyne City Rambler Wellness

Telehealth Process

Click on History Tab.

Review Family and Self History Tabs, adding or updating as needed. In comment column, type date and initials when making changes to current items, as well as when inserting new items.

Click on History Tab.

In CH Module, with client’s visit open, click on “Billing Encounter” in gray bar at top of visit. Click Insert New. Enter encounter date, select Clinic from dropdown list, and click OK. Click on Billing Tab.

Billing General Tab

Complete Required Fields:
- CoSite
- Visit Type
- Visit Status
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- Telehealth Section

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- Click on space in Stat Lab section
- Press Insert key
- Click on “test” dropdown
- Choose Rapid Strep
- Tab through to results
- Type pos or neg
- Enter your name in “Performed by”
- If Negative and culture sent, indicate in comment line.
- Click Save

Click on Save

CAHC-57; 11/28/16
School Telehealth

Telehealth can be used to assess, treat, and monitor a wide range of acute and chronic pediatric illnesses, thereby expanding the schools capacity to meet student healthcare needs (NASN, 2015)

When to use School Telehealth:

In general when a student’s presenting condition:

 ✓ requires a diagnosis and treatment,
 ✓ is non-life threatening,
 ✓ does not require tactile exam/assessment,
 ✓ falls out of the scope and practice of a licensed registered nurse.

Some Examples of What Can Be Treated With Telehealth

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Dermatitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Gastrointestinal Symptoms*</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>Respiratory</td>
</tr>
<tr>
<td>Cold &amp; Flu</td>
<td>Conjunctivitis</td>
</tr>
<tr>
<td>Communicable Disease</td>
<td>Limited Physical Examination</td>
</tr>
<tr>
<td>Diabetes</td>
<td>STI/STD</td>
</tr>
<tr>
<td>Otitis Infection</td>
<td>UTI</td>
</tr>
</tbody>
</table>

*abdominal examination can’t be completed using telehealth equipment
Appendix
Step Three: Performance Monitoring Plan
Telehealth Model of Collaborative Healthcare Delivery in Schools

Vision: Telehealth technology and collaborative partnerships are used to positively impact the health and well-being of students across Michigan.

Outcomes:
1. Increased access to healthcare for students.
2. Increased reimbursement for health services provided in school clinics using RNs and telehealth technology.
3. Youth satisfaction with using telehealth technology for healthcare visits.

Evaluation Measures:
1. # of unduplicated students and visits annually.
   a. Telehealth visits equal 20% of number of RN visits
2. # of RN visits
   a. “mom care”
   b. Nursing care under standing orders
3. # of healthcare claims submitted and reimbursed for telemedicine originating fees, visit fees and services provided by RNs working under medically supervised standing orders.
   a. Submitted quarterly for each site using telehealth equipment
4. Satisfaction levels of students receiving healthcare visits using telehealth technology.
   a. Completed with every patient (grades 7-12) after each telehealth visit with a minimum of 50 surveys completed at each school

Site Expectations:
Submit quarterly telehealth reports
Visits
Billing
Participate in monthly check in calls
PDSA Directions and Examples

The Plan-Do-Study-Act method is a way to test a change that is implemented. By going through the prescribed four steps, it guides the thinking process into breaking down the task into steps and then evaluating the outcome, improving on it, and testing again. Most of us go through some or all of these steps when we implement change in our lives, and we don’t even think about it. Having them written down often helps people focus and learn more.

For more information on the Plan-Do-Study-Act, go to the IHI (Institute for Healthcare Improvement) Web site or this PowerPoint presentation on Model for Improvement.

Keep the following in mind when using the PDSA cycles to implement the health literacy tools:

- **Single Step** - Each PDSA often contains only a segment or single step of the entire tool implementation.
- **Short Duration** - Each PDSA cycle should be as brief as possible for you to gain knowledge that it is working or not (some can be as short as 1 hour).
- **Small Sample Size** - A PDSA will likely involve only a portion of the practice (maybe 1 or 2 doctors). Once that feedback is obtained and the process refined, the implementation can be broadened to include the whole practice.

### Filling out the worksheet

**Tool:** Fill in the tool name you are implementing.

**Step:** Fill in the smaller step within that tool you are trying to implement.

**Cycle:** Fill in the cycle number of this PDSA. As you work though a strategy for implementation, you will often go back and adjust something and want to test if the change you made is better or not. Each time you make an adjustment and test it again, you will do another cycle.

**PLAN**

**I plan to:** Here you will write a concise statement of what you plan to do in this testing. This will be much more focused and smaller than the implementation of the tool. It will be a small portion of the implementation of the tool.

**I hope this produces:** Here you can put a measurement or an outcome that you hope to achieve. You may have quantitative data like a certain number of doctors performed teach-back, or qualitative data such as nurses noticed less congestion in the lobby.

**Steps to execute:** Here is where you will write the steps that you are going to take in this cycle. You will want to include the following:

- The population you are working with – are you going to study the doctors’ behavior or the patients’ or the nurses’?
• The time limit that you are going to do this study – remember, it does not have to be long, just long enough to get your results. And, you may set a time limit of 1 week but find out after 4 hours that it doesn’t work. You can terminate the cycle at that point because you got your results.

**DO**
After you have your plan, you will execute it or set it in motion. During this implementation, you will be keen to watch what happens once you do this.

**What did you observe?** Here you will write down observations you have during your implementation. This may include how the patients react, how the doctors react, how the nurses react, how it fit in with your system or flow of the patient visit. You will ask, “Did everything go as planned?” “Did I have to modify the plan?”

**STUDY**
After implementation you will study the results.

**What did you learn? Did you meet your measurement goal?** Here you will record how well it worked, if you meet your goal.

**ACT**
**What did you conclude from this cycle?** Here you will write what you came away with for this implementation, if it worked or not. And if it did not work, what can you do differently in your next cycle to address that. If it did work, are you ready to spread it across your entire practice?

**Examples**
Below are 2 examples of how to fill out the PDSA worksheet for 2 different tools, Tool 17: Get Patient Feedback and Tool 5: The Teach-Back Method. Each contain 3 PDSA cycles. Each one has short cycles and works through a different option on how to disseminate the survey to patient (Tool 17: Patient Feedback) and how to introduce teach-back and have providers try it. (Tool 5: The Teach-Back Method).
PDSA (plan-do-study-act) worksheet

TOOL: Patient Feedback    STEP: Dissemination of surveys    CYCLE: 1st Try

PLAN

I plan to: We are going to test a process of giving out satisfaction surveys and getting them filled out and back to us.

I hope this produces: We hope to get at least 25 completed surveys per week during this campaign.

Steps to execute:
1. We will display the surveys at the checkout desk.
2. The checkout attendant will encourage the patient to fill out a survey and put it in the box next to the surveys.
3. We will try this for 1 week.

DO

What did you observe?

- We noticed that patients often had other things to attend to at this time, like making an appointment or paying for services and did not feel they could take on another task at this time.
- The checkout area can get busy and backed up at times.
- The checkout attendant often remembered to ask the patient if they would like to fill out a survey.

STUDY

What did you learn? Did you meet your measurement goal?

We only had 8 surveys returned at the end of the week. This process did not work well.

ACT

What did you conclude from this cycle?

Patients did not want to stay to fill out the survey once their visit was over. We need to give patients a way to fill out the survey when they have time.
We will encourage them to fill it out when they get home and offer a stamped envelope to mail the survey back to us.
**PLAN**

I plan to: We are going to test a process of giving out satisfaction surveys and getting them filled out and back to us.

I hope this produces: We hope to get at least 25 completed surveys per week during this campaign.

Steps to execute:

1. We will display the surveys at the checkout desk.
2. The checkout attendant will encourage the patient to take a survey and an envelope. They will be asked to fill the survey out at home and mail it back to us.
3. We will try this for 2 weeks.

**DO**

What did you observe?

- The checkout attendant successfully worked the request of the survey into the checkout procedure.
- We noticed that the patient had other papers to manage at this time as well.
- Per Checkout attendant only about 30% actually took a survey and envelope.

**STUDY**

What did you learn? Did you meet your measurement goal?

We only had 3 surveys returned at the end of 2 weeks. This process did not work well.

**ACT**

What did you conclude from this cycle?

Some patients did not want to be bothered at this point in the visit - they were more interested in getting checked out and on their way.

Once the patient steps out of the building they will likely not remember to do the survey.

We need to approach them at a different point in their visit when they are still with us – maybe at a point where they are waiting for the doctor and have nothing to do.

**PDSA (plan-do-study-act) worksheet**
PLAN

I plan to: We are going to test a process of giving out satisfaction surveys and getting them filled out and back to us.

I hope this produces: We hope to get at least 25 completed surveys per week during this campaign.

Steps to execute:

1. We will leave the surveys in the exam room next to a survey box with pens/pencils.
2. We will ask the nurse to point the surveys out/hand them out after vitals and suggest that while they are waiting they could fill out our survey and put it in box.
3. We will see after 1 week how many surveys we collected.

DO

What did you observe?

- Upon self report, most nurses reported they were good with pointing out or handing the patient the survey.
- Some patients may need help reading survey but nurses are too busy to help.
- On a few occasions the doctor came in while patient filling out survey so survey was not complete.

STUDY

What did you learn? Did you meet your measurement goal?

We had 24 surveys in the boxes at the end of 1 week. This process worked better.

ACT

What did you conclude from this cycle?

Approaching patients while they are still in the clinic was more successful.
Most patients had time while waiting for the doctor to fill out the survey.
We need to figure out how to help people who may need help reading the survey.

PDSA (plan-do-study-act) worksheet

TOOL: Teach-back  STEP: MDs initially performing Teach-back  CYCLE: 1st Try
Appendix

Step Four: Showcase Your Model – Marketing & Communication Plan
MISSION STATEMENT

We are committed to providing access to high quality, integrated health services to the students of our community utilizing advanced technology.

VISION STATEMENT

To be the leading school tele-health program in the State of Michigan and to positively impact the health of students in our community and across the state.

VALUE STATEMENTS

Respect each individual.
Commit to excellence in all areas of service.
Maintain integrity in all that we do.
Take responsibility for our actions and attitudes.
Show compassion for all.
Strategic Plan

It is hard to believe another year has passed so quickly. As the Community Health Center of Branch County (CHC) School Tele-health program staff prepares to provide healthcare to students for the third school year, we are also nearing the end of the program’s transformational grant from the Michigan Department of Health and Human Services. To ensure we are here to care for students for many years to come, CHC and collaborative partners recently defined three areas of focus for the CHC Tele-health Program.

1. Maintain financial stability and continue to positively impact the health of students
2. Develop and implement a multifocal marketing plan
3. Expand the current model/services

Each area of focus is essential for the continued success of the school based tele-health clinics. CHC is dedicated to continuing to seek funding to help secure the future of the clinics through fundraising, grant opportunities, and support from the collaborative partners. Key to ensuring sustainability and growth will be raising community and statewide awareness of our program while reminding students and parents of our services. Finally, we are committed to expanding the behavioral health services available to our students and their families.

A recent survey of school staff identified mental health as the priority service that is needed for students. In Branch County, 30% of deaths in people ages 15 to 24 are caused by suicides compared to 27% in the State of Michigan.

Thank you for taking the time to review our annual report. Please continue to support the work of the CHC School Tele-health Program. Your contributions, whether through time, talent or financial resources, are helping us build a healthier Branch County.

Sincerely,

Kristin Smith
Grant Administrator
Arivoli Veerappan, MD. is a Board Certified Pediatrician at the CHC Pediatric and Adolescent Center. Dr. Arivoli graduated from Stanley Medical College, Chennai India and completed his internship and residency at Michigan State University, Sparrow Hospital in Lansing Michigan.

Edelwina Dy, MD. is a Board Certified Pediatrician at the CHC Pediatric and Adolescent Center and is the Medical Director of the CHC School Tele-health Program. Dr. Dy is a graduate of the University of Illinois at Chicago/College of Medicine.

Mehalai Arivoli, MD. became Board Certified in Pediatrics in 2004. Dr. Arivoli is a graduate of Madras Medical College, Tamil Nadu Dr Mgr Medical University. She completed her internship and residency at Michigan State University, Sparrow Hospital in Lansing, Michigan.

Kamal Pradhan, MD. is a Board Certified Pediatrician at the CHC Pediatric and Adolescent Center. Dr. Pradhan completed medical school at All-India Institute of Medical Sciences in 1993 and completed his residency in 2000 at Metro Health Medical Center in Cleveland, Ohio.

Sarah Collins, MS, FNP-BC is the family nurse practitioner at the CHC Pediatric and Adolescent Center. Sarah works side by side with the pediatricians. She is a 2012 graduate of the University of Michigan Family Nurse Practitioner Program. She has been with CHC since 2013. She and her husband have raised five children.
Theresa Gillette RN is the manager of the CHC School Tele-health Program and nurse for CHC Cardinal Connect. She attended Ferris State University and has been a registered nurse for 17 years. Most of her career has been spent at CHC working in pediatrics. Theresa enjoys going to Pittsburgh Steeler games with her family and watching her twin sons compete in sports.

Jessica McKinley RN is the nurse at CHC Viking Connect. Jessica is a graduate of Bronson Junior/Senior High School and continued her education at Kellogg Community College. She has been a registered nurse specializing in pediatrics for seven years. Jessica enjoys spending time with her husband, Jon, and her two children.

Lori Loveberry, RN has been an employee of CHC for 29 years on the obstetrics floor and currently serves as the CHC Oriole Connect health clinic nurse. Lori enjoys biking and March Madness. Lori is married to Bob and both graduated from Quincy High School. Lori had two daughters, Jordan and Megan, who also graduated from Quincy.

Rochelle Bassage is the clinical health educator for the CHC School Tele-health Program. She graduated from Central Michigan University and is working on this project on behalf of the Branch-Hillsdale-St. Joseph Community Health Agency, a project partner. Rochelle serves as a resource for parents and students to help them learn to take better care of themselves and their families.

Jenny McDaniel was born and raised in Branch County and graduated from Coldwater High School. Jenny is a Medical Assistant for the Community Health Center of Branch County and is currently in school to receive her nursing degree. Jenny and her husband Ben live in Coldwater with their daughter Addison who is 7 years old.
Each school tele-health clinic has a youth advisory council made up of a diverse group of students. The councils assist clinic staff in creating programs that are adolescent friendly. Council members help to identify the most important health education topics and then assist in presenting topics in a way that captures student interest. The councils are an opportunity for students interested in the medical field to gain exposure to healthcare.

One of the major projects of the youth advisory council this year was participating in the National 2015 Kick Butts Day. Council members approached students in the cafeteria and encouraged them to stand up to tobacco companies who think their generation will be the sectors’ “replacement smokers.” Students took photos and posted them online to make the statement “I am not a replacement!” The campaign had the most widespread engagement of any health education topic in the 2014/2015 school year.

### National 2015 Kick Butts Day

### Financial Results

#### CHC School Tele-health Program

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<thead>
<tr>
<th></th>
<th>2014/2015 Actual</th>
<th>2015/2016 Budget</th>
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<tbody>
<tr>
<td><strong>Income</strong></td>
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<tr>
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<td>In-Kind Contributions</td>
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<td>Equipment</td>
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<td>Promotion and Engagements</td>
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<td><strong>Total</strong></td>
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<tr>
<td><strong>Net Income/(Loss)</strong></td>
<td>$79,729</td>
<td>$(39,464)</td>
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</tbody>
</table>
June 17, 2015
To whom it may concern:
I am writing to commend and thank Theresa Gillette, Jenny McDaniel, and the entire staff of the Cardinal Connect Tele-health Clinic at Coldwater High School. They have provided compassionate, professional, and thorough care of my son for the past two years. I must be honest. I was very skeptical of the clinic when I first learned of it in late fall of 2011. I thought it was going to be very impersonal and far from the type of care and attention I was used to. I was wrong. They have treated my son with respect, care, and understanding, and educated the kids about many issues that affect our teens today. Their medical care has improved my son’s health, and they have provided a safe place to go for help. They have also provided medical and treatment services for various health concerns and issues. They have also provided a safe place to go for help. They have also provided a family-focused approach that is not only medically sound but also practical. I would offer my son a mark if he forgot to eat breakfast or many times, he would offer some help to get some support and simply talk, and offer some support and encouragement. I am confident that, with the help of the provider, we can make a difference in the life of my son.
Sincerely,
Joanne Johnston
On June 25, 2015, the Community Health Center of Branch County’s School Tele-health Program received the Michigan Hospital Association (MHA) Ludwig Community Benefit Award. The MHA award recognizes health care organizations that demonstrate community benefit by collaborating with other local organizations to improve the overall health and well-being of their communities. The award included a $3,000 cash gift from the Michigan Hospital Association (MHA) to assist in the ongoing efforts of the program. “We are very proud of our program but even more grateful to have the opportunity to serve kids in our community,” School Tele-health Program Manager, Theresa Gillette.

The program continues to impress state health officials. This year the program has hosted more than six site visits from other hospital systems looking to replicate the model to improve access to healthcare for children in their community.
Communication Plan for School Tele-health Clinics

Staff:
- Communicator article – January issue
- Fast Fact – January

Physicians:
- Physician newsletter article - January
- Resource Alerts - January

Volunteers:
- Update at March Volunteer luncheon
- Articles/pictures in monthly newsletter

Public:
- Community Advisory Group January meeting
- Facebook postings
- Website page
- HealthLine article – December, April
- Presentations
  - Service clubs
    - Noon Rotary
    - Sunrise Rotary
    - Altrusa
    - Noon Exchange
    - Early Bird Exchange
  - Coldwater Kiwanis 1/23/14
  - Bronson Rotary
  - Bronson Kiwanis
  - Quincy Rotary 12/2/13
- Media releases
- Radio/Q1 interviews
- Display ads
  - Daily Reporter
  - Shoppers Guide
  - Nuevas Opinion
Coming Soon...
"Wildcat Wellness"
Caring for your child’s health just got easier!

Get great medical care at school

No insurance? No worries!

It’s great if you have insurance, but even if you don’t, we will help make care for your child affordable.

See the doctor at school anytime

The school nurse simply examines your ill child during school, with the doctor, using video conferencing and special equipment.

And you don’t miss work

You’ve got enough to worry about at work. Save the travel time and days off it takes to care for your sick child.

Your child doesn’t miss class

Imagine how easy life will be when your child gets medical attention without leaving school.

Wildcat Wellness in partnership with Family Medical Center of Michigan

Bring the completed form to the school nurse OR mail it to:

Wildcat Wellness
c/o Laura Dowling, RN
10109 Slee Road
Onsted, MI 49265

More questions? Want to enroll? Talk to the school nurse or go to:

www.onsted.k12.mi.us

SIGN UP NOW
Appendix
Step Five: Sustainability
## 2015 – 2018 CHC School Tele-Health Program Strategic Plan

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Strategies</th>
<th>Responsibility</th>
<th>Target Completion Date</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintain financial stability and continue to positively impact the health of students</td>
<td>1. Define a successful clinic</td>
<td>1. Review costs</td>
<td>Randy D</td>
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<td>2. Review outcomes</td>
<td>Amy C</td>
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<td>3. Set performance goals</td>
<td>Theresa G</td>
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<td>4. Define staffing levels</td>
<td>Diane G</td>
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<td>5. Define value of hospital community benefit</td>
<td>Kristin S</td>
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<td>6. Define value of community health benefit</td>
<td>MDHHS Team</td>
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<td>2. Identify funding goals and opportunities</td>
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<tr>
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<td>3. Showcase outcomes and impact of program</td>
<td>1. Determine annual operating and capital costs</td>
<td>Terra D</td>
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<td>4. Create referral patterns</td>
<td>2. Identify and solicit funding prospects and cycles</td>
<td>Kristin S</td>
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<td></td>
<td>3. Prioritize expansion</td>
<td>Randy D</td>
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<tr>
<td>2. Develop and implement a multifocal marketing plan</td>
<td>1. Develop and implement a local marketing plan to include providers, CHC employees, school employees, the public, parents, students, and funders</td>
<td>1. Identify target markets</td>
<td>School Nurses</td>
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<td>2. Develop budget</td>
<td>Kristin S</td>
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<td>3. Develop strategies</td>
<td>Diane G</td>
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<td>4. Prioritize target markets</td>
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<td>5. Prioritize strategies</td>
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<td>6. Develop tactics</td>
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<td>7. Develop tactics</td>
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<td>8. Develop measurements</td>
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</tbody>
</table>
## 2015 – 2018 CHC School Tele-Health Program Strategic Plan

<table>
<thead>
<tr>
<th>3. Expand the current model/services</th>
<th>2. Advocate for program at state and federal levels</th>
<th>1. Analyze behavioral health services</th>
<th>1. Analyze current behavioral health status of students</th>
<th>Theresa C R Bassage MDHHS Team MDHHS Team Terra D Theresa G Kristin S School Nurses Theresa G Theresa C Kristin S</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Analyze current behavioral health status of students</td>
<td>2. Develop understanding of reimbursement for services</td>
<td>3. Investigate models for delivery of services</td>
<td>4. Determine costs and space needs</td>
<td>5. Determine funding opportunities</td>
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</tbody>
</table>