Listening and Learning Session: Telehealth
SBHC Primary Care and Behavioral Health Clinicians
April 30, 2020

CHALLENGES
The most commonly reported challenge related to COVID-19 and telehealth was reaching students, followed by concerns about confidentiality. In the West, confidentiality was the most common challenge. While in the Northeast, Midwest, and South, the predominant issue was access—including technology limitations. Other concepts that arose nationally were concerns about sustainability, billing, and re-entry.

INNOVATIONS IN RESPONSE TO COVID-19

(1) Launching telehealth
When asked about innovations in SBHC telehealth delivery related to COVID-19, several participants shared that for their SBHCs, launching telehealth itself is an innovation.

(2) Expanding telehealth
SBHCs that provided telehealth before the COVID-19 outbreak are expanding or shifting their models in response to the pandemic. Changes are happening in terms of both operations and scope.

- **Operations:** Many SBHCs previously only engaged in telehealth between multiple SBHCs or between an SBHC and another provider location. Some are now providing care directly to patients in their homes, which has changed how they conduct visits and gather information.

- **Scope:** SBHCs are adding new services, such as mental health, when they had previously only provided primary care. One site that regularly has 12-15 behavioral telehealth appointments per month expanded these services to clients who were receiving in-person behavioral health. They provided 857 sessions in the last month. Another provider developed a Single Session Mental Health Consultation form for students not enrolled in ongoing behavioral health care, but who want appointments as needed.

(3) Primary care
Participants discussed innovations for providing primary care through telehealth. They agreed that while in-person care is sometimes necessary, much is possible virtually with a comprehensive patient history and creativity. Several participants provided tips for doing a “pretty good” physical exam remotely. One clinician expressed that patient-generated vital signs are relatively valid though the chart should reflect how they were collected. Others noted that they assess a patient’s range of motion and skin problems through a camera. One suggested watching a patient jump twice to evaluate abdominal pain. Innovations were not limited to the process of a telehealth visit alone, with
one participant highlighting involvement in a program that will mail patients at-home testing kits for STIs that patients return for diagnosis and follow-up care.

(4) Confidentiality
Participants expressed concerns about patient confidentiality and risks to patient safety if visits are not private. Some reported that adolescents are making calls from parked cars or finding other ways to distance themselves. Participants recognized that many patients may not be able to find an isolated space and that they were taking extra steps to ensure confidentiality during visits. Participants agreed providers should confirm if anyone other than the patient is present at the beginning of the session. For those completing visits with visual capabilities, participants recommended starting the appointment with clinicians showing their space then asking patients to do the same to establish a sense of security. Other approaches included using the chat function on telehealth platforms or pre-establishing codewords.

(5) Consent
Many SBHCs are navigating changes in the consent process for telehealth as they expand how they are providing care and to whom. Two main approaches have emerged:

1) Documented verbal consent
2) Online forms with electronic signatures

One participant shared that their SBHC has a staff member reach out to families that are having trouble completing the online consent to walk them through it.

(6) Outreach, marketing, and communications
Participants indicated that SBHCs are engaging in increased outreach and follow-up. Below are some strategies mentioned during the Listening and Learning session.

• **Stakeholder engagement**: SBHCs are partnering with school districts to make information accessible. One SBHC is creating bi-weekly newsletters that their partners share on school social media platforms. Others are involved in their school’s Google Classroom efforts.

• **Proactive outreach**: SBHCs are reaching out to students due for a visit to invite them to a telehealth appointment. One noted that morning calls to schedule same-day appointments is successful. SBHCs that typically wait for students to come to the clinic independently are now reaching out to students and families proactively. Many noted that they are using more email communications and texting to remind clients about appointments. Another site is holding brief phone check-ins with all their students to assess urgent needs and arrange follow-ups as indicated.

• **Targeted outreach**: Participants shared they are focused on engaging specific subpopulations of students, especially those with asthma, ADHD, and other chronic conditions, to encourage them to initiate visits.

• **General and community outreach**: Many sites reported outreach to students for clinical care and actively engaging their communities and clients in other ways—such as sharing health education materials. One participant mentioned sharing “daily surprises,” which range from lighthearted videos to self-care tips as a way to interact with students who may not schedule formal visits. Several noted more actively participating in social media, including posting to Instagram. An SBHC program reported that their FNPs are holding pop-up clinics that support their neighborhoods. Another site has created virtual “office hours” for both parents/guardians and teachers.
To administer services, participants reported use of a variety of services, including Doxy.me, swyMed, FaceTime, Google Classroom, Skype, Zoom, Google Voice, phone calls, and messaging systems. Provider and patient resources, in combination with state and sponsor policies, determine the platforms. Many mentioned they are reminding clients about appointments with emails and text messages and using social media platforms, particularly Instagram, to promote their availability.

**TELEHEALTH INSIGHTS**

1. **Appreciate the holistic view**
   Several providers remarked that the use of telehealth is giving them a unique chance to view patients at home. They note that this gives a more holistic view of the patient and their environment than through the typical office visit.

2. **Be prepared**
   Participants shared the importance of connections to the community. Providers must be ready to transfer both behavioral health and primary care patients to the next level of care and contact a mobile crisis team if necessary. Participants agreed that at the beginning of every session, it is essential to confirm the location in case a crisis team needs to be alerted.

**SUMMARY**

The Alliance will continue to host weekly Listening and Learning sessions, aiming to provide a platform for the field to share best practices and ask questions of their peers. For more COVID specific information and updates for SBHCs and Alliance efforts, visit our website [https://www.sbh4all.org/resources/covid-19-resources/](https://www.sbh4all.org/resources/covid-19-resources/).