Listening and Learning Session: Telehealth
SBHC Sponsor Organizations/Administrators
April 28, 2020

CHALLENGES
Most participants shared challenges related to reaching students, followed by problems related to resources and funding. Participants in the South indicated more challenges by closures than average; those in the West and Midwest mentioned challenges associated with reaching students more than average; those in the South and West mentioned challenges related to internet and phone access more than average; and, participants in the West referenced personal protective equipment (PPE) as a top-of-mind-challenge.

INNOVATIONS IN RESPONSE TO COVID-19

(1) Launching Telehealth
When asked about innovations in SBHC telehealth delivery related to COVID-19, many participants disclosed that for their SBHCs, launching telehealth itself is an innovation. These SBHCs had not administered telehealth services to clients before the COVID outbreak, and they've had to find creative ways to continue providing care.

(2) COVID screening
Some SBHCs screen patients by phone before providing in-person care to protect against the spread of COVID-19. Others ensure that any patient demonstrating COVID-19 symptoms during in-person care receives a follow-up telehealth appointment with a behavioral health provider.

(3) Expanding telehealth
SBHCs that provided telehealth before the COVID-19 outbreak are expanding or shifting their models in response to the pandemic. For example, some SBHCs are offering telehealth services to the entire community instead of only those who previously provided consent forms. SBHCs are also expanding telemedicine service offerings to include acute care or focus on mental health visits. One participant shared an example in which an SBHC collaborated with an in-person pediatric and adolescent obesity specialty clinic to launch telehealth so that rural student populations would have access to these services when SBHCs reopen. Another participant shared that an SBHC provided “senior transition visits” via telehealth: reviewing each graduating senior’s history and chart to ensure they are ready to transition their care.

(4) Involving parents/guardians as telepresenters
Since SBHC providers now provide telehealth services to students in their home, many include parents/guardians in appointments as telepresenters. Providers ask parents/guardians to:
- Use their phone camera so the provider can assess a patient’s skin during a dermatology visit;
- Obtain vital signs and measurements using phone applications or at-home thermometers, blood pressure cuffs, or scales;
- Count a patient’s breaths by watching the chest rise and fall;
- Use a flashlight to look into the throat during dental visits; and,
- Press down on a patient’s stomach if there were complaints of abdominal pain and bring the patient to the emergency room based on the reaction.

(5) Complementing in-person care with telehealth
Participants agreed that while telehealth offers an invaluable opportunity to reach students during this pandemic, in-person care is still necessary. Providers should lower the threshold for referring patients to in-person care in cases of severe symptoms like abdominal pain or troubled breathing. One participant suggested asking a patient to jump twice in cases of abdominal pain and referring them to the emergency room if they are unable to do so. Participants recommended increasing touchpoints with patients when administering care via telehealth. Whereas with in-person care, a provider may schedule a follow-up appointment after one month, with a telehealth appointment, a provider may decide to follow-up after a couple of hours or a day to monitor changes in symptoms. In some instances, telehealth may serve as the first step to an in-person appointment. Step one of a physical may be a telehealth visit with a mental health screening and history taking, whereas step two may be an in-person visit.

(6) Confidentiality
Participants expressed that ensuring patient confidentiality poses a unique challenge during this pandemic. Several participants shared that SBHCs designate the student’s cell phone number and parent/guardian’s cell phone number in electronic health records (EHR) rather than collecting one general contact number. SBHCs can therefore text and call students directly to notify the availability of confidential visits. To ensure privacy during the visit, providers suggested that students take a walk if possible.

To maintain confidentiality through coding and billing, one SBHC worked with their information technology department to “scrub” the patient portal to not include confidential visit information for patients aged 13 and older. Another SBHC created policies for students without Medicaid and for those who need to proceed with billing over the phone.

(7) Consent
With states waiving the need for written consent during these times, SBHCs are gathering verbal consent at the beginning of telehealth appointments or during a separate call prior to the appointment. The person who gathers this oral consent then documents in the EHR. The oral consent process includes describing the difference in risks and benefits between telehealth and in-person care, explaining how the patient’s medical information is stored and kept private, disclosing that the visit will not be audio recorded, and explaining the billing process. Some SBHCs built this verbal consent process into the provider template within the EHR.

In lieu of gathering verbal consent, states are doing the following:
• Working with legal departments to develop a telehealth consent form without an end date;
• Sending consent forms through DocuSign; and,
• Sending consent forms and asking patients to return a picture of a signed form.

The American Telehealth Association released guidelines for consent, endorsed by the American Academy of Pediatrics, that detail the essential elements.

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

• **Stakeholder engagement:** District partners are advertising SBHCs services. Some SBHCs strengthened partnerships with district nurses, asking them to contact the entire student body.

• **Proactive outreach:** SBHCs have proactively reached out to students due for services to schedule telehealth appointments. In one example, a participant explained that before the COVID outbreak, only 5% of students had an activated MyChart portal, which is a necessary first step for the SBHC to provide telehealth. Within a week of the SBHC closing, all staff received remote access to this portal and then called students’ families to help them activate their portals. At the time of the Listening and Learning session, the program had increased the activation rate from 5 to 37%.

• **Targeted outreach:** Participants shared examples of focusing on targeted outreach to specific sub-populations of students, such as asthmatics and behavioral health patients, to schedule appointments. In one example, a participant explained that SBHC staff scanned enrollment forms for students with documented health issues, such as asthma or eating disorders, and then conducted courtesy calls to these students explaining how to schedule telehealth visits.

• **Virtual Wellness Center:** An SBHC program developed a website for students to access crisis information, health education, and counselors. The site also hosts a zoom meeting every day for students to discuss health and wellness topics.

(9) Technology platforms
SBHCs use Google classroom and social media to advertise the availability of services. To book appointments, participants cited using Microsoft Bookings, and to administer services, participants cited using Doxy.me, Google Hangouts, Skype, Microsoft Teams, Zoom, phone calls, text messages, and letters.

**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/).