

Using Telehealth to Expand the Patient Reach of School-Based Health Centers

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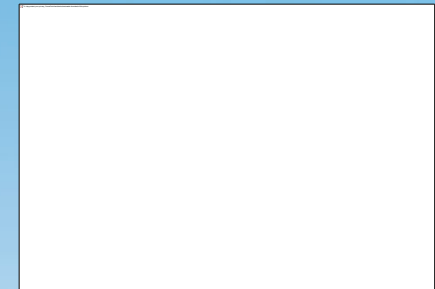


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Who's in the room?



Learning Objectives

Akron Children's program structure

School Based Health Center model

Impact of telehealth on School Based Health Center

Outcomes and lessons learned

Sustainability strategies



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Akron Children's

Akron Children's (Ohio)

Independent, nonprofit pediatric health care system that has been caring for children since 1890.

- 2 hospital campuses
- 7 regional health centers
- >50 primary and specialty care locations throughout Ohio
- Only pediatric hospital with School Nursing Services

We are the only health care system in our region fully dedicated to pediatric care



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School Health Funding

- Business contracts to provide school nursing services
- Potential exclusivity agreement
- Loss profile based on organizational needs/goals
- Separate memorandum of understanding (MOU) for School based health services

Nursing Contract Goal: break even or provide community benefit to most services areas



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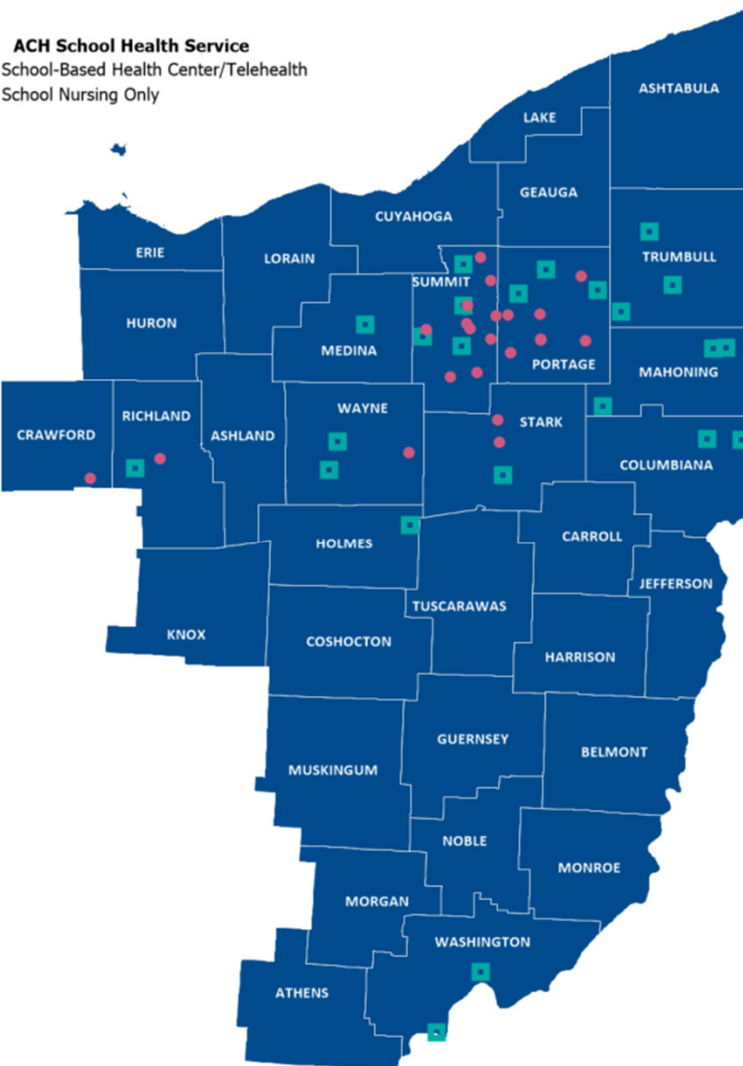
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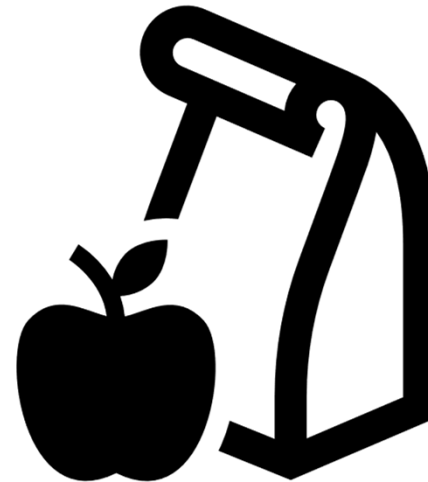
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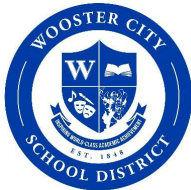
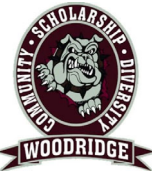


School Nursing



- Staffing structure
- Algorithms
- Accountability
- Training processes
- Data Collection





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VILLAGE SCHOOLS



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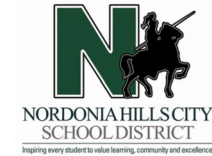
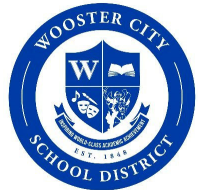
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Growth of School-Based Health (SBH) Services

2005

School Health program launched in **5 school districts with school nursing**

2019

SBH implemented in **2 districts** thanks to with **donor funding**

2022

Awarded **Ohio Department of Health grant** to expand SBH services into **13 school districts**

2025

SBH expanded to **22 school districts. Marketing initiated beyond the school nursing network** to reach new partners



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What Makes Akron Children's Unique

- Our school nursing contracts
- Our Different Models of Care
- Our use of telehealth

Improved access to care – Reducing barriers



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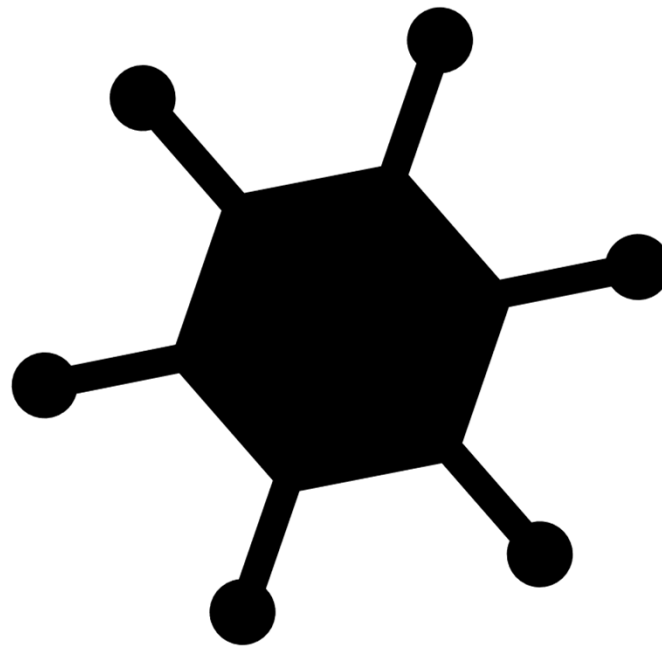
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Traditional SBHC



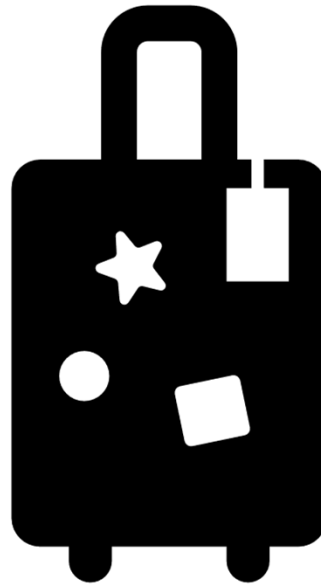
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Hub and Spoke



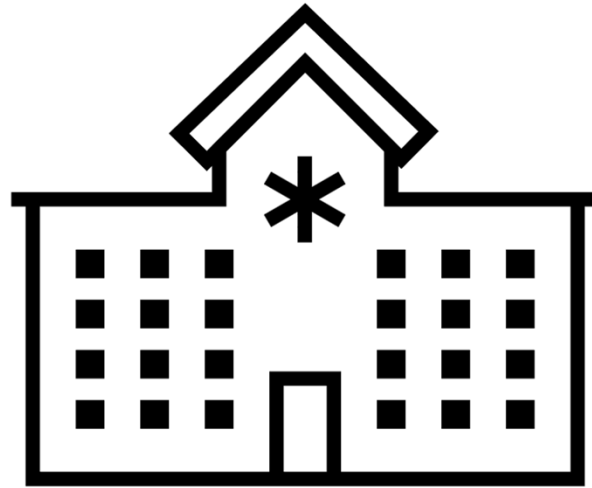
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Traveling Provider



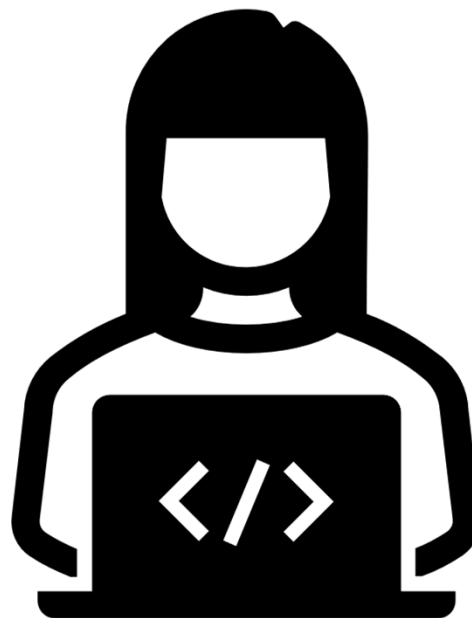
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School Linked Care



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Telehealth Only



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SBH Staffing Plan

- Provider + Support person
 - Provider cross trained in every aspect of visit
- In school Supports
- In office Supports
 - Care coordinators
 - Registration experts



School Based Health Center Challenges



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Who uses telehealth in their School Based Health Centers currently?





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What are your challenges to telehealth?



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If not using telehealth....



- What are your concerns?
- What are your barriers?



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Why telehealth



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Impact of Telehealth Services

- Low cost with minimal staffing
- Quality vs operational efficiency
- Supporting underserved communities
- Reduction in lost seat time



Telehealth options

- Mychart telehealth
- E-visits
- Tele-specialist site to site
- Telehealth with Tytocare





 **tyto**care™

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Adoption of Tytocare Technology

- Equipment needs
- Digital exam capabilities
- Benefits of using peripheral devices to aid in assessment over traditional camera only tele
- Real time providers



Operational Implementation



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School Clinic Staff Training



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Patient

- Student identified
- Consent process
- Staff/ student get ready for visit
- Visit takes place
- Documentation and phone calls



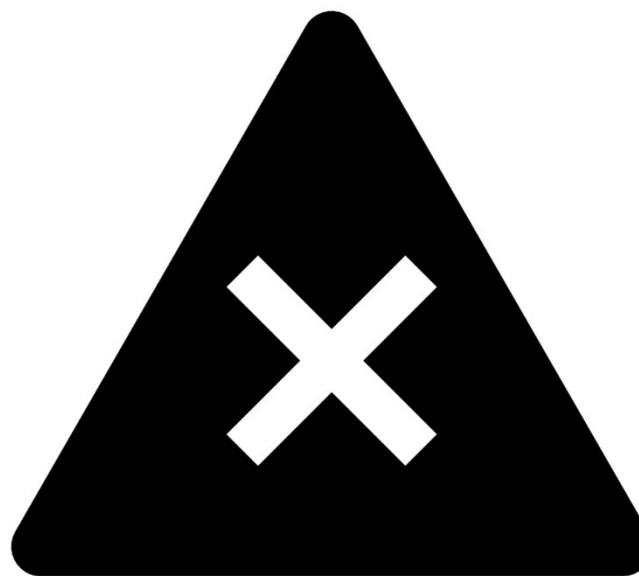
Symptom List

- Allergy symptoms (Red/itchy swollen eyes, clear runny nose, dry cough, itchy skin)
- Cough/ congestion
- Dental Pain
- Diarrhea
- Ear Pain
- Eye Concern (Red, itchy, irritated eye with current or prior yellow drainage/crusting on eyelashes or object in eye)
- Fever (>100.4F)
- Headache (pattern of three or more in 1 month)
- Rash
- Sore throat
- Stuffy nose
- Vomiting
- Pain with urination
- Need for Asthma Treatment Plan or Asthma Inhaler



Symptoms to Avoid

- Acute abdominal pain
- Pregnancy concern
- Neurological symptoms
- Head injuries
- Orthopedic injuries
- Abuse concerns
- Respiratory distress



Consent

- Paper/ pre-registration consents
- Electronic consents
- Mychart consents
- Telephone consents



Communication and Coordination

- School education staff
- School nursing staff
- SBHC provider and support person
- In office support team (nurses, PSRs)



Marketing and Engagement

- School
- Community
- Local primary care provider offices
- Hospital System



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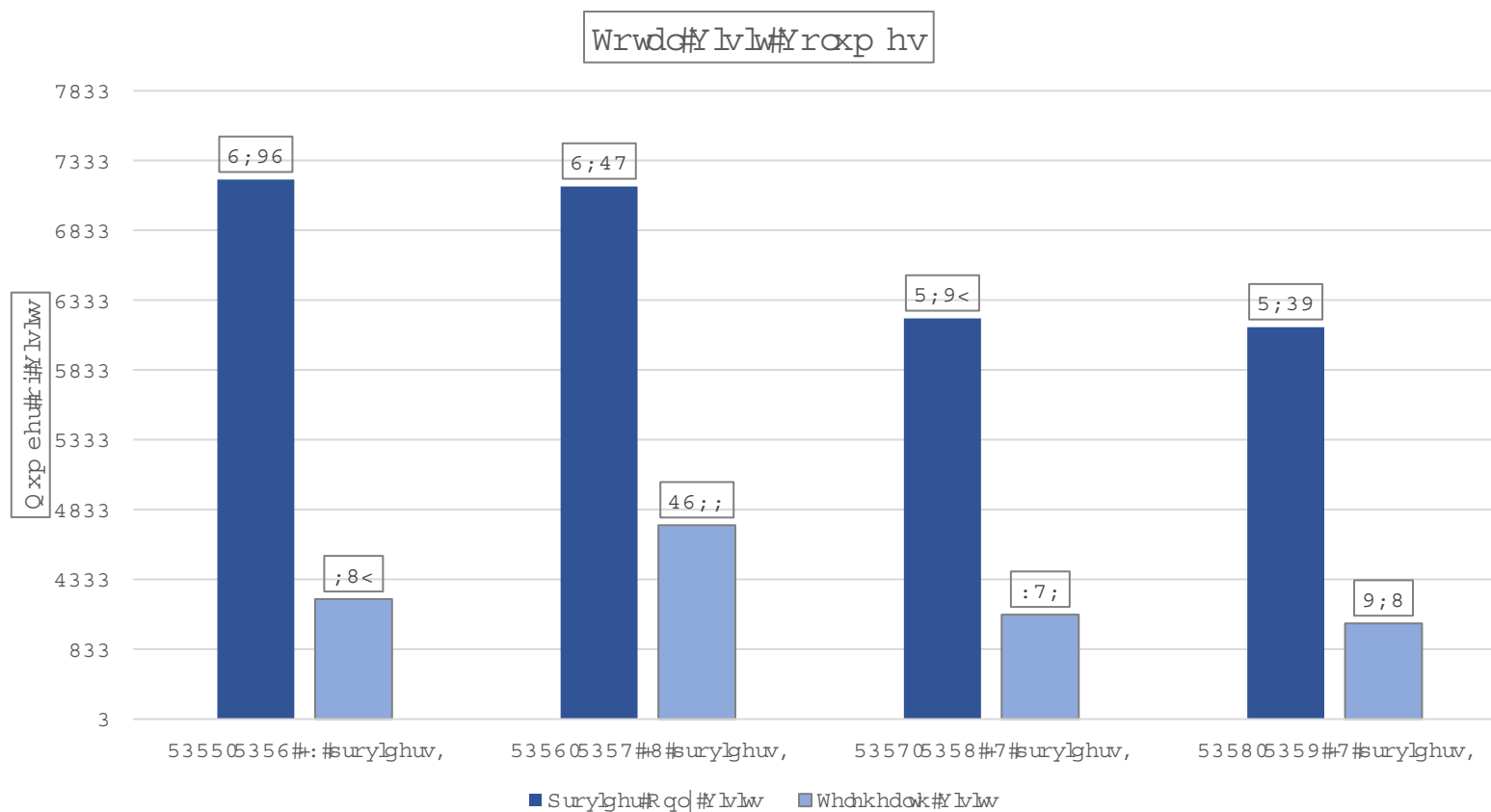
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Program Data

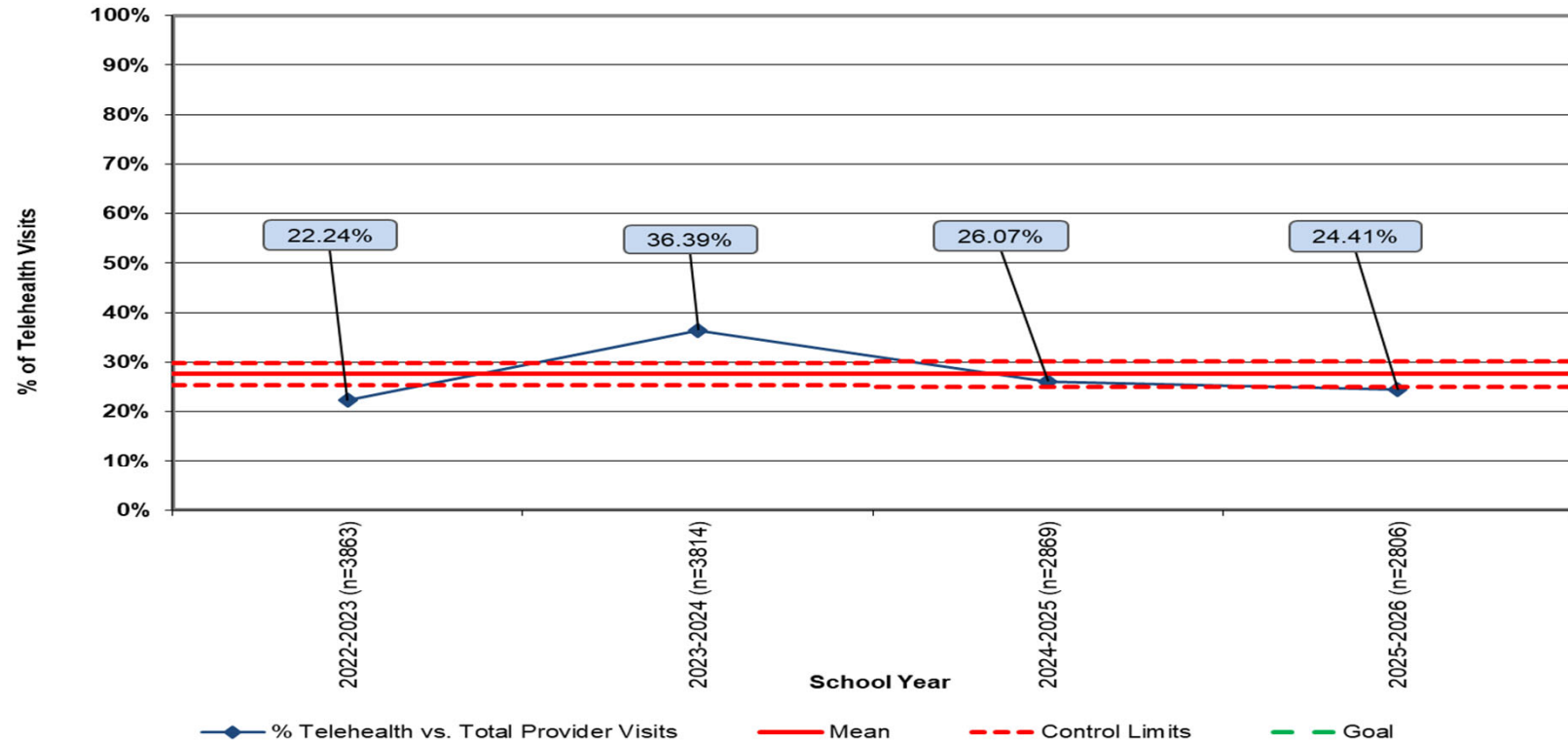
- 92% back to class rate
- Average telehealth appointment length 21 minutes
- 2hr 40 minutes of seat time saved per visit
- 92% provider satisfaction rating
- 96.9% recommend telehealth services with SBHC



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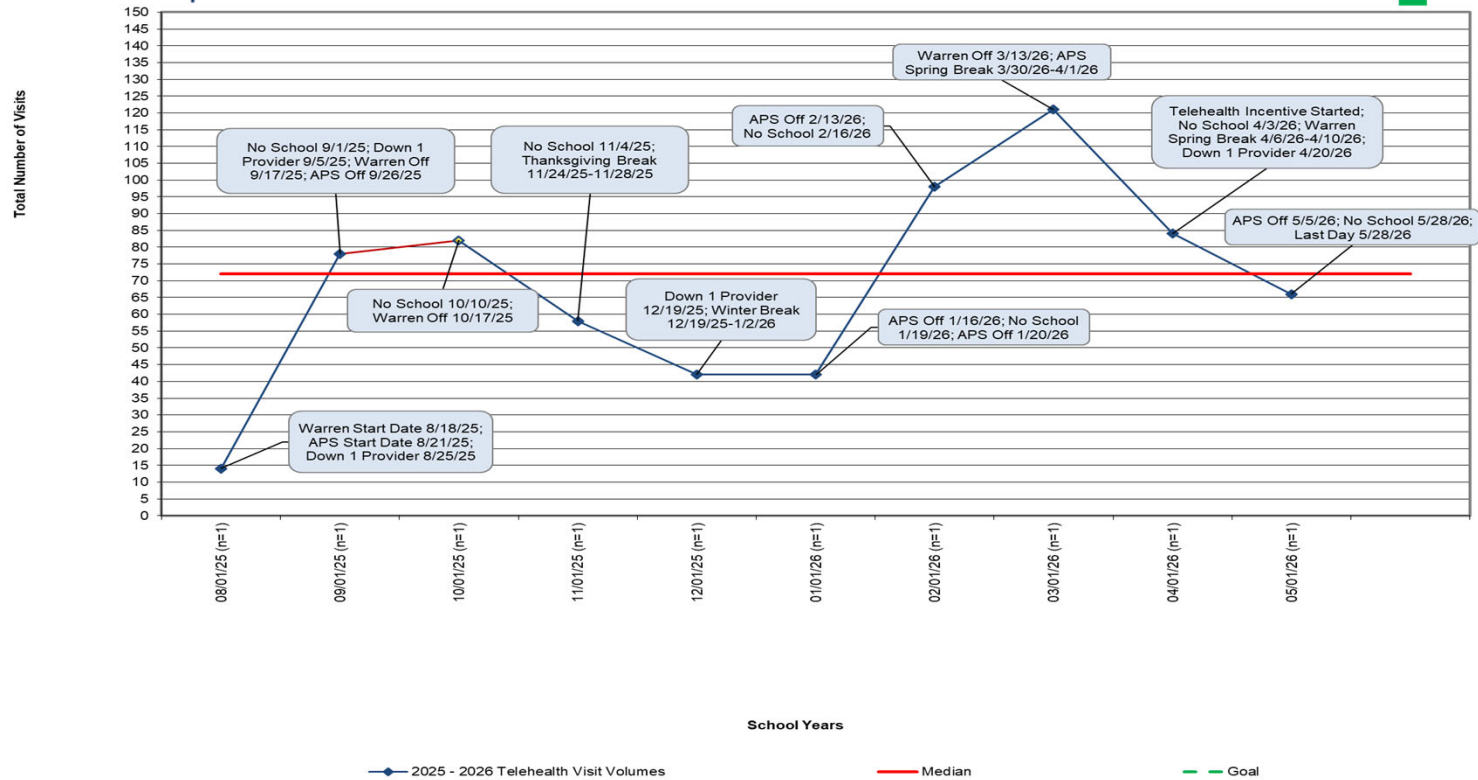
% Telehealth vs. Total Provider Visits





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Children's
Hospital

2025 - 2026 Telehealth Visit Volumes



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Impacting Events



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Success stories

- Improved seat time
- Improved patient outcomes (Asthma)
- Integration of behavioral health (improved access)
- Improved school satisfaction with school health services



Lessons
Learned



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Telehealth Challenges



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Operational

- School Network discussion prior to go live
- Marketing matters
- Describe the why
- Empower all staff
- Be adaptable
- Using non hired staff as tele presenter



Telehealth Wins



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Performance Improvement

- High no show rates
- Routine follow ups
- Medication checks
- Communicable diseases
- Staff minimums
- Staff incentives
- Rural health



What's made our program a success?



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Equipment costs

- Ipad/ tablet
- Tytocare device equipment
- Subscription costs
- Vitals equipment



Funding Model

- Diversified funding is best
 - Revenue about 1/3rd of operational costs
 - High volume clinics can break even with lean staffing model
 - Grant funding
 - Aids in program growth
 - Hospital community benefit
 - Donor funding
- GOAL: Break Even



Billing/ Coding

- Department build in EMR for student locations
- School as place of service – legislation change
- Telehealth phrase in provider notes
- Use of AI generated note writing
- Billing insurance as usual



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School Expansion

- For SBHC there is no additional cost to the school
- Private space
- Great secure Wi-Fi connection
- Marketing
- Decreased use of outside agencies for healthcare



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How to Grow

- Forming partnerships
- Setting clear expectations
- Knowing the community well
- Identifying providers
- Allowing ramp up time
- Explore incentives



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Subspecialty use of Telehealth

- PCP
- Behavioral health
- Pulmonology
- Endocrinology



Key Take Aways

- Telehealth is a sustainable way to expand SBHC reach
- Flexible care models can improve access
- School partnerships are essential
- We can be creative with workforce limitations
- Sustainability and equity can co exist



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Questions?



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Contact me

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