

Overview

In pursuing our goal of meeting families in the communities where they live, learn and play, Children's Health identified schools as a major opportunity to increase access to care, particularly for underserved children. We observed that about half of our pediatric emergency department (ED) visits occurred during daytime hours, and we heard from parents of their difficulties in getting time off from work to take their children to the doctor, which can result in lost wages and sometimes job losses. We were also eager to collaborate with schools around the *Whole School, Whole Child, Whole Community* philosophy, which seeks greater alignment, integration and collaboration between education and health to improve each child's cognitive, physical, social and emotional development.

In collaboration with the primary care physician network of Children's Health, we developed a school-based telehealth program that connects students directly to health care professionals for low-acuity care. We equipped school nurses with secure, encrypted telemedicine technology including high-definition, real-time videoconferencing and state-of-the-art digital scopes. At the request of the school nurses, we made point-of-care testing for strep and flu available as well. Any required prescriptions resulting from the virtual visit are called to the pharmacy of the family's choice, thereby reducing the time to treatment. Through extended mobile

technology, we also offer after-hours connections for parents to ask questions and discuss their child's virtual visit summary and prescriptions. Each child without a primary care physician on record is encouraged to establish a relationship with a community provider/medical home, and direct referrals are made when possible.

Impact

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The program has met with enthusiastic responses from all stakeholders: Parents report that the visits save them time and money. Educators report that students return to class in minutes instead of hours or days, contributing to more continuity in learning. Keeping kids in school also contributes financially to the schools, given that the state school funding formula factors in average daily attendance. School nurses report that about two-thirds of children seen would otherwise have visited EDs or urgent care

centers, resulting in higher-cost visits. They also report increased professional satisfaction and educational benefits working as a team with pediatricians and nurse practitioners in real time. Continuity of care and communication are enhanced significantly by school nurses' access to the after-visit summary in the Children's Health electronic medical record.

Lessons Learned

We incorporate the program's consent forms into school registration packets at the beginning of the year, wherever possible. This practice has helped us achieve approximately 30 percent student enrollment rate.


Future Goals

Pilots that incorporate virtual behavioral health services to high school students are under development for the 2017-18 school year. We are also evaluating the potential of providing services to the whole family as well as students. We are assessing the impact of billing for these services on the cost, access and overall viability of the program.

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