School-Based Telehealth in Georgia

A school-based telehealth program uses telecommunications technology to connect children in need of acute or specialty care services to a healthcare provider at a distant site.¹

THE NEED FOR SCHOOL-BASED TELEHEALTH

More than 170,000 children in Georgia stay home sick more than 6 days a year.²

63 counties do not have a pediatrician.³

109,000 children live in households that do not own a vehicle.⁴

BENEFITS OF SCHOOL-BASED TELEHEALTH

- Increased children and families' access to health education, especially for the management of chronic health conditions (i.e. diabetes and asthma)⁵,⁶
- Reduced barriers to healthcare in rural communities⁵,⁶
- Reduced student absenteeism due to illness⁵

BARRIERS TO IMPLEMENTATION

- Engaging and sustaining relationships with healthcare providers or specialists
- Insufficient training or staff capacity
- Lack of continuity in care
- Lack of oversight and access to technical assistance
- Low program enrollment due to parental concerns about privacy and lack of understanding about telehealth

SCHOOL-BASED TELEHEALTH MODELS*️

- **Private Providers**
  - School-based Telehealth Program

- **Provider Network**
  - School-based Telehealth Program

- **FQHC/Local Hospital**
  - School-based Telehealth Program

- **FQHC/Local Hospital**
  - Comprehensive SBHC + School-based Telehealth Program

Likelihood of Success

*all models require equipment valued at a minimum of $10,000

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**RECOMMENDATIONS** FOR SUCCESSFUL SCHOOL-BASED TELEHEALTH PROGRAMS

**FOR POLICYMAKERS**
- Establish a governing entity for telehealth delivery that has authority to ensure quality, streamline school access to qualified telehealth providers and develop and encourage best practices.
- Increase opportunities for telehealth programs to be implemented within a comprehensive health system, including state funding for comprehensive school-based programs throughout the state.
- (Medicaid) Expand health care locations able to conduct presumptive eligibility to include SBHCs or SBTH programs.

**FOR DISTRICTS OR SCHOOLS**
- If possible, develop a school-based telehealth program within an existing or planned school-based health center.
- Engage and enlist the support of key stakeholders before planning begins.
- Allocate time and resources to continuously market the program and recruit and enroll students.
- Ensure an adequate number of trained personnel to provide services and manage the program’s administrative components.
- Ensure all children, regardless of insurance status, are served through the SBTH program.

*for an in-depth look at these recommendations, refer to School-Based Telehealth: Navigating Common Challenges to Increase Access to Care*

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**GLOSSARY OF TERMS**

**Federally Qualified Health Center (FQHCs)**
A Federally Qualified Health Center is an outpatient clinic that qualifies for specific reimbursements under Medicare and Medicaid. Health centers provide a comprehensive set of health services including primary care, behavioral health, chronic disease management, preventive care, and other specialty, enabling, and ancillary services, which may include radiology, laboratory services, dental, transportation, translation, and social services.

**School-Based Health Centers (SBHCs)**
School-Based Health Centers place critically needed services like medical, behavioral, dental, and vision care directly in schools to reduce access barriers for children, families, and school personnel.

**Telehealth**
Telehealth refers to a broad scope of remote healthcare services, including nonclinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

**Telemedicine**
Telemedicine involves the use of electronic communications and software to provide clinical services to patients without an in-person visit.

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Sources: [https://tinyurl.com/SBTHFactsheetRefs](https://tinyurl.com/SBTHFactsheetRefs)