



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

Why do we need school-based telehealth?

More than 138,000

children in Georgia stay home sick more than 6 days a year.²

65

counties in Georgia do not have a pediatrician.³

84,000

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



What are the benefits of school-based telehealth?

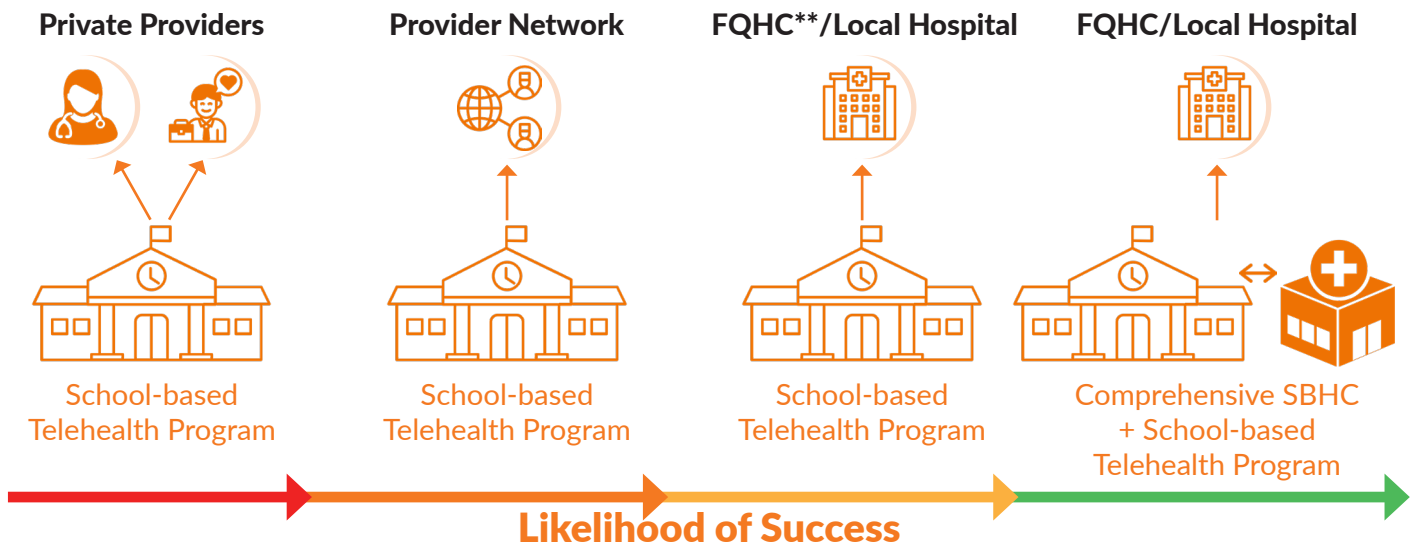
- Increased children and families' access to health education, especially for the management of chronic health conditions (i.e., diabetes and asthma)^{5, 6}
- Reduced barriers to healthcare in rural communities^{7, 8}
- Reduced student absenteeism due to illness⁹

What are the 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*

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



**see p.2 for a list of Terms to Know

Terms to Know

Federally Qualified Health Center (FQHC): 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 Center (SBHC): A school-based health center places 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, as well as clinical services.

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

Policy Recommendations

For Policymakers

- Continue to ensure quality, streamlined school access to qualified telehealth providers.
- Increase opportunities for telehealth programs to be implemented within a comprehensive health system, including state funding for comprehensive school-based programs throughout the state.
- Allow SBHCs and SBTH programs to conduct presumptive eligibility*.

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.

*Presumptive eligibility allows children to get access to Medicaid services without having to wait for their application to be fully processed.



References for School-Based Telehealth in Georgia

Suggested citation: Voices for Georgia's Children. (2023). Fact Sheet: School-Based Telehealth in Georgia. Voices for Georgia's Children. <https://adobe.ly/3t03Mkn>.

- 1 Health Resources & Services Administration. (2019). Definition of telehealth and utilized technologies. Retrieved from <https://www.hrsa.gov/rural-health/telehealth>.
- 2 Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved October 30, 2023. <https://www.childhealthdata.org/browse/survey/results?q=9464&r=12>.
- 3 Georgia Board of Health Care Workforce. (2020). Georgia counties with no pediatricians. Accessed October 30, 2023. <https://healthcareworkforce.georgia.gov/document/document/2020rate-and-rankpdf/download>.
- 4 Kids Count. (2021) Children without a vehicle at home in Georgia. <https://datacenter.aecf.org/data/tables/68-children-without-a-vehicle-at-home?loc=12&loct=2#detailed/2/12/false/2048,1729,870,573,869,36,868,867,133,38/any/370,371>.
- 5 The Nemours Foundation, The Children's Partnership, The Winter Park Health Foundation, and NORC at the University of Chicago. (2018). Roadmap for Action: Advancing the Adoption of Telehealth in Child Care Centers and Schools to Promote Children's Health and Well-Being.
- 6 Love, H.E, Schlitt, J., Soleimanpour, S., Panchal, N., and Behr, C. (2019). Twenty years of school-based healthcare growth and expansion. *Health Affairs*, 38(5), 755-764.
- 7 The Nemours Foundation, The Children's Partnership, The Winter Park Health Foundation, and NORC at the University of Chicago. (2018). Roadmap for Action: Advancing the Adoption of Telehealth in Child Care Centers and Schools to Promote Children's Health and Well-Being.
- 8 Love, H.E, Schlitt, J., Soleimanpour, S., Panchal, N., and Behr, C. (2019). Twenty years of school-based healthcare growth and expansion. *Health Affairs*, 38(5), 755-764.
- 9 The Nemours Foundation, The Children's Partnership, The Winter Park Health Foundation, and NORC at the University of Chicago. (2018). Roadmap for Action: Advancing the Adoption of Telehealth in Child Care Centers and Schools to Promote Children's Health and Well-Being.