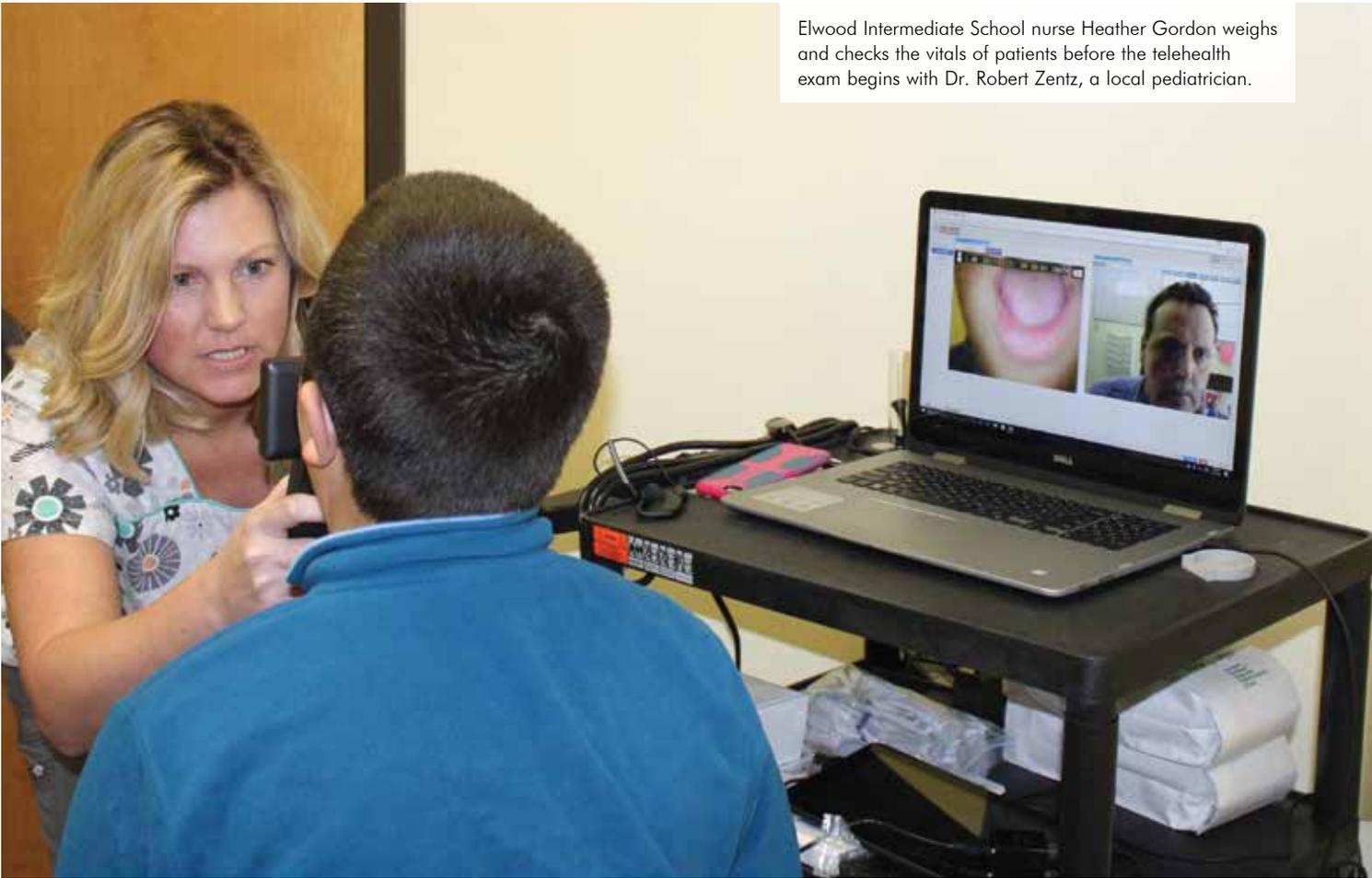


Elwood Intermediate School nurse Heather Gordon weighs and checks the vitals of patients before the telehealth exam begins with Dr. Robert Zentz, a local pediatrician.



By Rebecca Patrick

TELEHEALTH CLINICS

Convenience Comes to Rural Schools

Many parents have been on the receiving end of this call from the school nurse. Your child is complaining of a sore throat, flu-like symptoms or another common malady.

At a handful of schools in Indiana, that call can now turn into immediate medical attention – instead of waiting for Mom or Dad to arrive to take the sick child home or to see a doctor.

Thanks to new telehealth clinics in Austin, Crothersville, Elwood and Hanover, students there are eligible to get examined in the school nurse’s office by a licensed health care professional – doctor or nurse practitioner – with the use of technology similar to Skype video chatting.

The hope is it will be a welcome offering for students at rural schools where a trip to the doctor’s office may not be a short car ride away (or they might have to wait days to get an appointment and possible prescription).

Bringing it to market

The Indiana Rural Health Association (IRHA) is both the primary funder and lead organizer of the effort.



“Because of the cooperation and some of the granting that was done through the (Indiana) Rural Health Association and Managed Health Services, this has almost been a zero-cost operation for us,” shares Elwood Community Schools Superintendent Chris Daughtry.

The group secured funding via the federal Health Resources and Services Administration and has four-year grants to get the telehealth clinics established at “about six schools every year,” says Hayley Ready, the organization’s rural community outreach coordinator.

The money goes toward purchasing the needed equipment – interactive telescope, digital camera system, software, etc. – and assistance with training school nurses on their usage.

Services performed at the school-based telehealth clinics are billed to the student’s insurance provider. If the student lacks insurance, he or she can still receive care and won’t be turned away.

Services will be provided on a sliding fee scale based on family income. An intermediary also checks to see if the student or family is eligible for government-assisted insurance.

To participate, students at the selected schools must first enroll to be “seen” at the telehealth clinic. This enrollment packet helps the school ascertain the insurance provider, if any, and health history of the student, as well as gives parental consent for treatment.

Elwood Community Schools was tapped for the pilot program. IRHA teamed with Managed Health Services (MHS), which handles the insurance needs of students currently without health care coverage, and two providers: the local St. Vincent Mercy Hospital, with pediatrician Dr. Robert Zentz on staff; and Aspire Indiana for mental health counseling needs.

The Elwood school system was an ideal selection “for its rural location and limited access to health care options,” says MHS President and CEO Kevin O’Toole, whose Adopt-a-School program promotes collaboration with schools on initiatives focused on overall health literacy and awareness.

Continues O’Toole, “This partnership is an important step in

providing convenient and high-quality health care to students who might otherwise struggle to be seen. That’s important because we know healthy students are better learners.”

Elwood Community Schools Superintendent Chris Daughtry, Ph.D., calls the decision on his end basically a “no-brainer.” Full-time nursing, the technology backbone and room for the exams already existed. The only hesitation he had was from a legal perspective.

“Because it’s something so new, we really had to vet it with our attorney to make sure we weren’t exposing ourselves to any kind of malpractice situation.” The school got the green light.

Hoosier school debut

The ribbon cutting for the Elwood Schools telehealth clinic took place September 6, 2016.

If one of the corporation’s two school nurses deems telemedicine a good fit for what is ailing the student, a parent or guardian is alerted with a phone call – they can also opt to come to the school for the examination. But none has done so as of early spring, shares Elwood Intermediate School nurse Heather Gordon.

Instead, what she’s seen is a few parents “sending a note in saying their child is complaining of this, can you get him in today?” She then calls to verify the information and set up a time with Dr. Zentz.

Earaches, sore throat, minor eye irritations and the common cold – to rule out it’s nothing more – are among the ailments tailor-made for telehealth. The testing Gordon can do on-site is for flu and strep throat, as well as a urinalysis.

On the day *BizVoice*[®] visited, fourth-grader Isaac Vehikite was sniffing and feeling congested.

Gordon let Dr. Zentz’s office know the patient was ready and shortly thereafter the exam began.

Everyone involved can see and hear each other on the respective laptops and discuss what’s bothering the student.

On this occasion, Dr. Zentz directed Gordon to look in Vehikite’s throat with the scope.

The pictures popped up on both screens almost instantaneously. It took a few attempts to get the angle just right for a deep, clear view. But once that happened, Dr. Zentz could quickly determine the likely culprit: “Isaac, I can see you have a cold or something – but that’s all it looks like.”

Gordon emphasizes the quality of the pictures available to Dr. Zentz. “It’s probably better than what they would see (firsthand) in the office.”

That leads to another advantage: “The doctor can capture and save that image. Then say there is a follow-up visit for strep throat or an ear infection; he can go back and call up that image to see if it looks much better, or it’s not getting better,” she explains. “So that’s something he wouldn’t have if the child had gone only to the office.”

Yet Dr. Zentz admits there are drawbacks. “I don’t think you can ever get information quite as good as when they are right in front of you, especially with a child. I’m getting the history (here) from a child as opposed to the parental input. So it’s a little different in that sense.

“But if I feel uncomfortable with it (for that patient), I will just have them see their own doctor,” he offers.

By and large, however, the telehealth method is proving quite sufficient.

“If I see an ear infection, that doesn’t change. An ear infection is an ear infection. Or if Heather gets a positive strep test, it’s strep. There are a lot of simpler things I can do via telehealth and feel very comfortable in doing them,” Dr. Zentz concludes.

Elwood expansion

Daughtry and Gordon both expect usage for the telehealth clinic to increase dramatically in the next school year.



More ribbon cuttings, like this one in Elwood, are on the horizon for school telehealth clinics – with five slated to open in the near future.

Due to the timing of when the program rolled out and enrollment packets not being properly integrated into school registration at that time, the number of students currently signed up to receive telehealth services is very low.

“There have been several occasions I know I could have used (telehealth) if we had (approval to treat) packets in – with earaches, sore throats, pink eye, lice. Things like that they could get treatment and Mom wouldn’t have to leave work,” Gordon notes.

With a greater focus on telehealth enrollment for 2017-18, she envisions being quite busy during the high seasons for flu and strep throat “with our ability to test for those right here.”

Daughtry is excited about the counseling aspect and expects to see some growth in that area.

“That was really the final selling point for me. I don’t know how much we will use the telehealth at the high school, but I do have confidence once we get some buy-in and trust in it that we will see mental health situations where someone wants to talk to a counselor.”

The superintendent visited a school in Michigan to learn more about what the virtual counseling sessions could bring to his community.

“They said students that didn’t want to talk to a person live would come in and talk to a person through telehealth technology – there’s a certain anonymity and no pressure,” Daughtry describes. “Most of them spend

most of their time on electronic devices anyway, so it’s natural.”

The counseling service does require an initial in-person meeting with an Aspire Indiana professional to see if the student is a good candidate for one-on-one telehealth discussions.

Adds Gordon, “We aren’t in the room with them (for the appointments). But if there’s an issue, we can be called and go in there.”

Next wave and more

In southeastern Indiana, telehealth clinics opened the first of the year serving Crothersville Community Schools, Scott County School District One (Austin) and Southwest Jefferson County Schools (Hanover).

That last location has already treated approximately 40 students as of March.

“That community was asking about the clinic before it even opened, and as soon as it opened, they saw several patients on the first day,” Ready reports.

“We’re just excited that overall we’ve seen so many patients come through all the clinics (in this short time). That’s helped us reach our goal of keeping students healthier and in school longer. So that’s been encouraging. And just the response from the different providers and school systems reaching out and asking questions to see if they can bring it to their community.”

IRHA asks that a school and provider



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have an established relationship and a desire to move forward together. The joint application determines which are approved.

The next round of clinics are slated for schools in Delaware, Salem, Starke, Vermillion and Washington counties. The goal for IRHA is to have a presence in every region of the state by the end of the grant period in three years.

“At that point, our hope is the providers will have seen the benefit of the program and that it is cost effective for them and even potentially be making them money, and they (or the schools) will be able to take up any upkeep costs,” Ready explains.

“Otherwise there are community grants that would be available potentially to help with (equipment) upkeep costs, which shouldn’t be outrageous.”

Daughtry can’t say enough about what a tremendous opportunity this is for schools.

“We get a healthier student both mentally and physically. And in some cases, these kids are being seen for once. And they can do some of the follow-up visits and immunizations, the things they sometimes lack as far as care goes. It’s really great for the child and great for the communities.”

RESOURCES: Elwood Community School Corporation at www.elwood.k12.in.us | Indiana Rural Health Association at www.indianaruralhealth.org | Managed Health Services at www.mhsindiana.com | Dr. Robert Zentz, St. Vincent Mercy Hospital, at www.stvincent.org/St-Vincent-Mercy