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A Comprehensive Analysis of the Importance and Implementation of Telehealth Behavioral Services in Rural Areas & Schools

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A Comprehensive Analysis of the Importance and Implementation of Telehealth Behavioral Services in Rural Areas & Schools

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I. Introduction

According to Nebraska Legislation, telehealth is defined as using exchangeable, electronic medical information to aid a health care practitioner in both the treatment and diagnosis of a patient (Nebraska Revised Statute 71-8503, n.d.). Behavioral examples of such diagnoses include Autism spectrum disorders, learning disabilities, developmental delays, Tourette's syndrome, anxiety, depression, attention deficit disorder, behavioral issues, and speech/language problems. These services can originate in a patient's home, school, or any other location allowing for the acquisition and storage of medical information, which is then evaluated by a health care practitioner at a different location. Telemonitoring is a part of telehealth, consisting of the remote monitoring of biometric data, vital signs, or other aspects of physical health collected by a monitoring device that transmits data to the health care practitioner. These monitoring devices can consist of many different remote styles of usual medical equipment, including otoscopes and stethoscopes, that allow for health care practitioners to perform the routine aspects of physical visits.

Telehealth is a rapidly expanding mode of health care delivery in the United States, as it improves the efficiency of health care and related support services. Improving mental health in the United States is not a simple fix, and it requires a re-thinking of how we define health care to include behavioral health, moving beyond the stigma so people feel comfortable seeking care. It also involves coming together for multiple stakeholders and experts to develop new ways to deliver care. In the face of increasing behavioral health needs in families, there is a lack of dedicated and available mental/behavioral health professionals, leaving a service gap. The significance of psychosocial health is critical to successful learning and well-being of our children today. The implementation of a variety of behavioral health treatments is a priority,

along with both early and frequent social and emotional screening of children to improve early identification.

Along with a shortage of health care workers, workforce turnover rates are higher in rural counties. Additionally, there are also difficulties recruiting providers to rural areas. In both rural and urban areas, children living in lower-income households have a higher prevalence of mental, behavioral, and developmental disorders. Poverty and community factors are associated with mental, behavioral, and developmental disorders in children. Inadequate mental health care creates problems that are a combination of financial, personal, and social issues (these challenges may be exacerbated in rural areas.). The general failure to support mental health care points to an acute need to address the issue with the best resources available, and the benefits of telehealth position these technologies as a key avenue moving forward. An expansion of telehealth services is being promoted nationally to help combat these disparities. The need for mental health services today is increasing, and there aren't enough providers to handle the demand. Additionally, in more rural areas of the country, mental health providers may not be readily accessible, and as a result, patients often must wait weeks or months before they can get an appointment or travel great distances to see a mental health provider, which can be disruptive. There is also a stigma that exists around mental health, causing many people who are suffering to be uncomfortable or too embarrassed to seek help. Unlike other types of health care, behavioral health care includes a unique set of challenges that impacts the provision of and access to services.

Locally, "Nebraska faces a significant shortage of health professionals, with federally designated Health Professional Shortage Areas (HSPA) in 88 of 93 Nebraska counties" (Nebraska CMS School Health Affinity Group Report, 2018, pg. 2). Reviewing the HSPA data

shows just how many people are lacking services due to geographic isolation. Furthermore, “thirty-two Nebraska counties have no mental/behavioral health providers of any type, including: Psychiatrists, Psychologists, Nurse Practitioners, or Licensed Mental Health Practitioners” (Nebraska CMS School Health Affinity Group Report, 2018, pg. 2).

Telebehavioral health is revolutionizing school-based health care programs across the nation by offering a collaborative approach for improving access in rural areas, along with other underserved areas. An advantage of telebehavioral health in a K-12 setting is that it allows kids to be seen right away at school, minimizing time out of class while collaborating with other local resources that may not otherwise be available to them.

The goal of this paper is to address the importance of having access to behavioral and mental health intervention via telebehavioral health services in rural areas, with a focus on rural K-12 schools. It will include a discussion on the disparities of health services in rural communities, the benefits of telehealth, and the steps for implementation of telehealth services using the most recent and relevant data¹.

¹ To ensure the validity of our sources we have only incorporated data from the last 5 years. We felt this was important as the use of telebehavioral services has drastically changed in recent years, making older technologies and statistics obsolete.

II. Disparities of Mental Health in Rural Communities

a. School Settings

Telemedicine is a viable approach to delivering services in Nebraska due to geographical isolation, socioeconomic status, culture, and stigmatic barriers. Telebehavioral health services are used to provide services to children digitally, which increases access to health care providers for Nebraska communities with a shortage of providers. Schools are a common-sense place within communities to provide health care, particularly in underserved communities where access barriers prevent children and adolescents from using the health care system. The use of telehealth in schools in low-income, medically underserved areas offers an opportunity to improve health care and equity. School based programs can help children get care without leaving their school, while reducing the burden on school counselors who may be responsible for hundreds of students.

b. Class Attendance

Telehealth can positively impact attendance rates in school in a variety of ways. One advantage is that students are able to be seen immediately, rather than having to visit clinics outside of a school setting. The issue of missing class is only exacerbated when a child needs to see a specialist. It can be extremely difficult to find specialists in rural areas, and many times, the child will miss a full day of school to attend one appointment. Given how few psychiatrists are located in rural areas, this issue applies to behavioral health as well. For children who suffer from chronic illnesses, attendance is a huge issue, but telehealth could provide a solution. Rather than miss large amounts of school commuting to every appointment, they could be seen down the hall, greatly reducing missed class time.

c. Limited Resources Available

Many schools do not have sufficient health resources, in fact, only 40 percent of schools in the United States have a full-time nurse (Samuel, 2017, pg.1). It may come as a surprise to those who attended larger K-12 schools growing up, but for many, the harsh reality is that there may not be nurses available in rural or underprivileged areas. However, telemedicine may serve as a bridge to these communities, allowing easy and needed health care for students. In Nebraska, 74 of the 93 counties have no mental/behavioral health providers (Nebraska CMS School Health Affinity Group Report, 2018, pg. 5). In these underserved communities, improving access to preventive and early intervention mental health service must be a priority. This will ensure that necessary care reaches populations who are otherwise unlikely to access this support. There is a severe maldistribution of behavioral health services and specialty health providers that must be addressed. Implementing telehealth will improve the quality of care and the outcomes associated with more proactive mental health management.

d. Current Utilization of Telehealth

The Behavioral Health Workforce Research Center from the University of Michigan's School of Public Health conducted a study to better understand how telehealth is being used and to also see what some of the barriers currently are. They collected data from 329 organizations across the nation (as well as Puerto Rico and the District of Columbia). Their data helps illustrate the geographic locations of the organizations, how the telehealth is being utilized, the types of telehealth being used, the motivation for implementing telehealth, and the types of providers that can use telehealth to administer behavioral health services. Below are figures and tables from their study summarizing their results (Mace, et al., 2018).

Figure 1: Geographic Location of Organizations

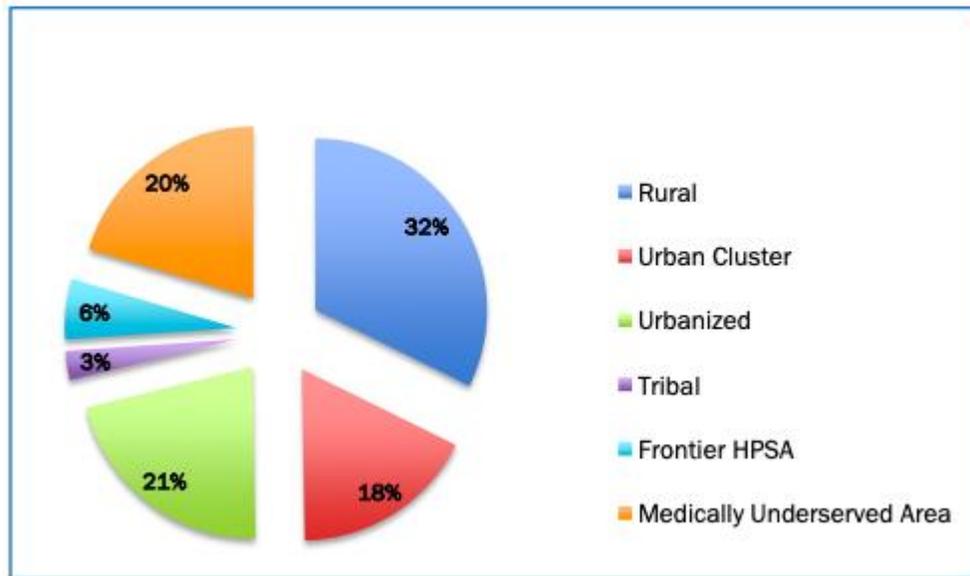


Figure 2: Types of Telehealth Used by Behavioral Health Providers

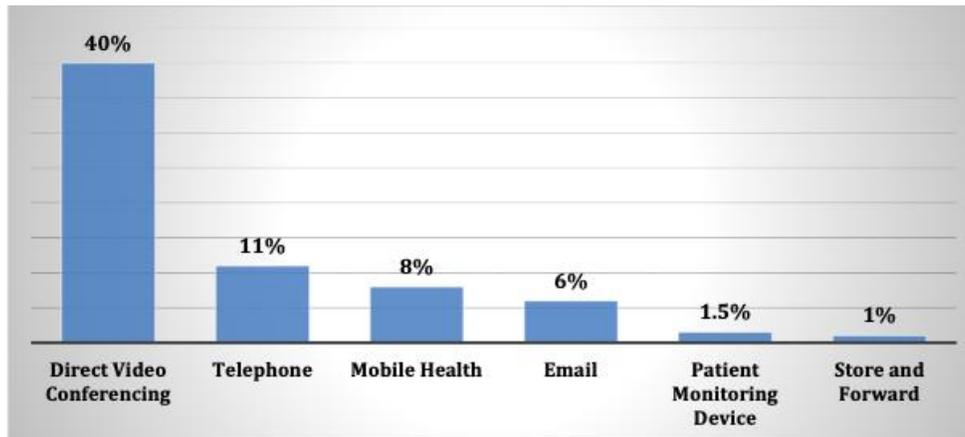
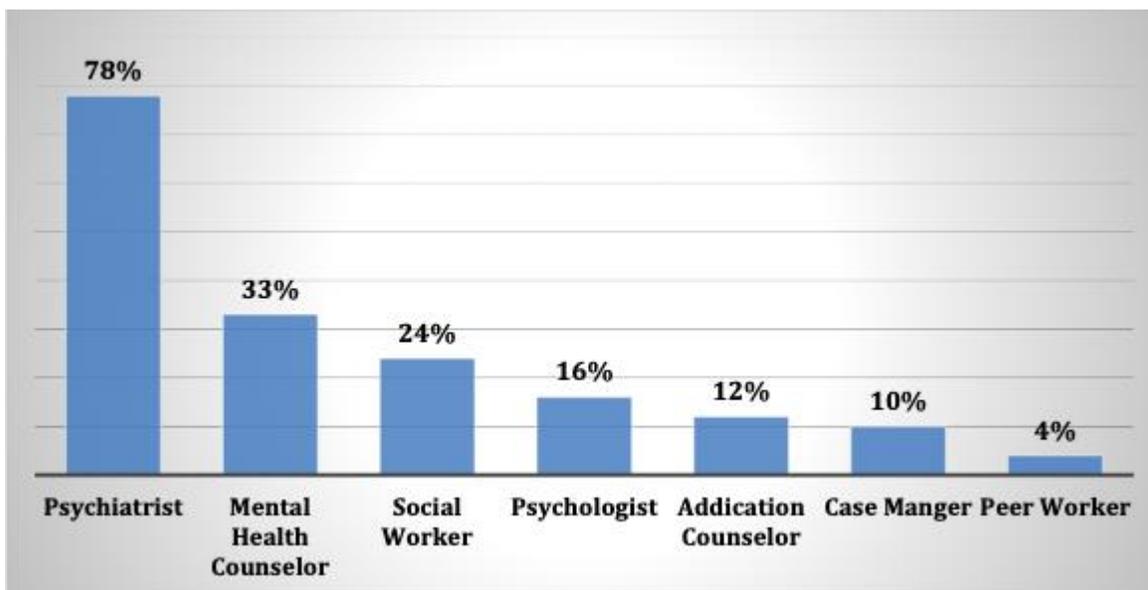


Table 1: Primary Motivation for Implementing Telehealth

Reason for implementing telehealth	1 (WAS a primary motivation)	2	3	4	5	6 (was NOT a primary motivation)
Improve quality of care	93	39	15	7	9	0
Operational efficiency	34	60	47	16	6	0
Reaching new patients	31	48	58	17	8	1
Increasing profitability or revenue	3	8	26	71	38	17
Providing a competitive advantage	2	7	14	35	89	16
Research or academics	0	1	3	17	13	129

Figure 3: Types of Providers that Can Use Telehealth to Deliver Behavioral Health Services



e. Ease of Referral for Early Diagnosis and Treatment

Telemedicine in schools also allows for more ease in the referral process, as the school nurse is readily available. Unfortunately, some parents put off their child's appointments, and as a result, their child does not receive proper health care. When the nurse is able to handle appointments and other clerical aspects, the child is much more likely to receive the care that they need.

f. Customizing Care

When leveraging a virtual platform, providers are able to turn their focus on how care is delivered through appropriately timed assessments and tracking trends/progress over time. Additionally, virtual consults can give providers more insight into a person's typical environment and normal activities, especially during times of need. Telebehavioral health can provide services that positively impacts a child's functioning along with reducing costly interventions. These early identifications and treatments can promote healthy development for all children, regardless of location or socioeconomic class. Screening for mental health disorders is difficult, and they are often misdiagnosed, even among children who have a primary

care provider. However, when using telebehavioral health services, children would have greater access to specialized care. There are a variety of uses for telebehavioral health, including: evaluation, medication management, outpatient therapy and crisis response (which are intended or indicated management therapy responses).

III. Logistical Issues

a. Limited Resources

Issues regarding the lack of health care providers extend beyond primary care providers; for instance, the number of practicing psychiatrists has declined. In Nebraska, the state workforce has shown data illustrating that the number of psychiatrists has not increased between 2010 and 2016 (Watanabe-Galloway, et. al., 2018). Public assistance programs via telemedicine might provide opportunities to connect families to other available services in the community.

b. Travel Time & Out of Classroom Time

A survey of hospital CEOs showed that 90 percent of rural behavioral health patients had to drive over 20 miles for a referral and 50 percent over 60 miles (Watanabe-Galloway, et. al., 2018). The combination of driving distance (travel time) and the time students spend at appointments causes a disruption in attendance that is significantly greater than if the child attended their appointments via telehealth while at school. Along with the obvious convenience, telehealth also provides more appointment options and quicker availability to meet with counselors (if needed).

c. Lack of Transportation

Transportation is a huge issue for many families, and it is exacerbated in rural communities. When school age students need to attend an appointment, family members often have to take time off work to transport them. If appointments are frequent, which is common with chronic

health issues and many behavioral services, these disruptions can put a lot of strain on families. Additionally, problems can arise when individuals are unable to get off work, resulting in their children missing appointments. While there may be public transportation in urban areas, it is limited in Nebraska, and it can be difficult for families to make it to appointments, even if they utilize bus systems. In rural areas, there is no public transportation, and families who do not have a vehicle (or cannot afford gas money) are not able to take their children to appointments. However, all transportation issues related to children can be avoided by the implementation of Telehealth visits at school.

d. Scheduling Conflicts

Over 50 percent of families have reported a difficulty in making appointments with mental health providers due to scheduling conflicts (Watanabe-Galloway, et. al., 2018). Conflicts arise from work schedules, school reasons, and provider conflict. Telehealth opens options and allows for more availability and flexibility.

e. Service Areas Not Supportive of Behavioral Health

In rural Nebraska, the service area is not supportive of behavioral health causing misdiagnoses, along with not providing adequate mental health services. Rural areas have a severe shortage of health care workers, specifically in specialized care areas. Primary care providers are not specialized in pediatric behavioral health and are not qualified to perform testing and/or assessment and diagnosis. Additionally, referrals to pediatric specialists for mental health services are not readily accessible in rural Nebraskan communities. These lack of services not only increase travel time, but they, along with bad experiences surrounding misdiagnosis, also discourage people from receiving the care they need.

f. Lack of Specialized Services

Telehealth has been widely accepted for a variety of practices, allowing for behavioral health to become a more common practice leading to an increase in accessibility. While telehealth has been utilized for many services under the primary care physician, specialty visits such as mental and behavioral health have not been as prevalent. Telebehavioral health provides face-to-face interactions that help close the service gap in underserved communities.

IV. Benefits of Telehealth

a. Schools Can Provide Health Care Regardless of Locations

For many families and students in rural and underserved areas across the nation, behavioral health services are not readily available. A significant amount of our population lives in these rural areas, and we need to ensure that they are receiving the services they need. In Nebraska, 18.6 percent of the population live in rural areas, meaning long drives to get services and a lack of specialized care (Watanabe-Galloway, et. al., 2018). Fortunately, telebehavioral health serves all populations, aiding both rural and urban areas. As previously mentioned, issues with rural locations prevent many children from having access to specialized behavioral/mental health providers. Telebehavioral health services allow for children to connect with speciality care providers, which may not have been possible in their physical locations.

b. Serves all Populations

Telemedicine can help address and aid socioeconomic disparities in healthcare (for rural and urban communities alike), thus contributing to the wellbeing of our underserved communities. It improves collaboration of students and families through implementation of Telehealth Services.

c. Assess Current Gaps in Service Area in Rural Nebraska

It is essential to assess current gaps in service areas in rural Nebraska, allowing for rapid access

to reach all populations who are otherwise unlikely to access this support and addressing key issues promptly. We are targeting Nebraska Public Schools and will target schools that already utilize telehealth services or are willing to provide telehealth services. Ultimately, the goal is to implement telehealth services in all schools across Nebraska, allowing for easy access to telebehavioral health. A pre-assessment tool is necessary in determining the need for telebehavioral health in each school district. We have provided an example of a questionnaire to be utilized under Appendix 3.

d. Assess Current Telehealth Resources Available in Nebraska

Currently, Telebehavioral health is provided through Munroe Meyer at UNMC, Richard Young of Kearney, and Boys Town in Omaha. As Telehealth expands, more services will be available. However, it is essential that these providers are pediatric oriented, so they are able to provide specialized services to elementary students.

V. Policy and Protocol Development

When using telehealth services, providers are able to turn their focus to how care is delivered, using appropriately timed assessments and tracking trends and progress over time. Delivery of care will be individualized and will allow for the collaboration of services if needed.

a. Develop State Policy and Standard of Care

“As of 2017, nine state medical boards issue telehealth-specific licenses or certificates” (Mace, et al., 2018, pg. 3). These states include Alabama, Louisiana, Maine, Minnesota, New Mexico, Ohio, Oregon, Tennessee and Texas. These licenses allow out-of-state providers to furnish telehealth services in states that they are not located. Twenty-two additional states have adopted the Federation of State Medical Boards’ Interstate Medical Licensure Compact allowing for “an Interstate Commission to form an expedited licensure process for licensed physicians to apply

for licenses in other states” (State telehealth laws and reimbursements policies report, 2017). These special licenses and certificates could increase the number of providers eligible to provide telehealth services across state lines, reaching a greater population.

b. Establish Best-Practice Guidelines

Establishing best-practice guidelines for behavioral health services would assist providers in providing effective and safe medical care founded on expert consensus, research evidence, available resources, and child needs. The guideline itself should consider administrative, technical, and clinical issues when doing telemental health. Telemental health procedures for the evaluation and treatment of youth should follow the same guidelines presented for adults, with modifications to consider the developmental status of youth such as motor functioning, speech and language capabilities, relatedness, and relevant regulatory issues. When working with younger children, the environment will facilitate the assessment by providing an adequate room size, furniture arrangement, toys, and activities that allow the youth to engage with the accompanying parent, presenter, and/or provider to demonstrate age-appropriate skills.

c. Establish Protocols

We are in the early stages of developing protocols for behavioral health services in schools across Nebraska. We feel the first step is making services more readily available, increasing the ability for all students to benefit from telebehavioral health services. We have identified three entities with multiple providers that specialize in pediatric mental/behavioral health. These include Munroe Meyer at UNMC, Boys Town in Omaha and Richard Young Behavioral Services in Kearney. Letters have been sent to these entities introducing this project for further direction. These partnerships would allow for high quality specialty care in the local community to students.

d. Identify Informed Consent Procedures

Informed consent will be utilized in all cases. There is an example of an informed consent for telemedicine in Appendix 1. However, this will likely need to be addressed by each individual school district.

e. Assess Training Needs for Schools About Behavioral Health Services

It is important to expose telebehavioral health in the curriculum of medical and other health professional students. Adding this type of curriculum would improve the norm and aid in the expansion of future services. While behavioral and mental health services are not new, telebehavioral health that targets pediatric services is a newer form of telehealth. The successful implementation requires careful planning and assessment of what may work for one school and not for another.

VI. Service Set-up

a. Develop Project Plan for Nebraska Schools

The development of a project plan for Nebraska schools will have to consider which schools to include, responsible sources within the school to set up services, and determine who is willing to collaborate services if needed. Letters were mailed to providers at Munroe Meyer, Boys Town and Richard Young for potential contacts. It was essential to notify them first of available telehealth services as they are currently practicing. Once they commit to providing services to area schools, we will provide a limited pilot program inviting school districts to practice telebehavioral health. Many schools in Lincoln and Omaha are already providing telehealth and will be subject to the pilot study early, however, more rural schools will be invited.

b. Best Technology and Equipment Including Hardware & Equipment

Providers and organizations should select video conferencing applications that have the appropriate verification, confidentiality, and security parameters necessary to be properly utilized for this telemedicine. In the event of a technology breakdown, resulting in a disruption of the session, the professional shall have a backup plan in place (e.g., telephone access). Telemental health should provide services at a bandwidth and with sufficient resolutions to ensure the quality of the image and/or audio received is appropriate to the services being delivered.

c. Develop Service Area with Support from the State of Nebraska

It is important to develop the area with consideration of adequate support by identifying which providers will support our telehealth endeavor. Initial contact has been made to Munroe-Meyer, Richard Young and Boys Town, and we are awaiting their responses. A copy of the letter is listed under Appendix 2 to serve as an optional template for inquiring about future support.

d. HIPAA

Due to HIPAA regulations, we must be compliant with appropriate video conferencing software. Two interactive options that align with HIPAA guidelines are Adobe Connect and Adobe Video. For telemental health services provided within the United States, the United States Health Insurance Portability & Accountability Act (HIPAA) of 1996, along with state privacy requirements, must be followed at all times to protect patient privacy. Patients receiving mental health and substance use disorder services are afforded a higher degree of patients' rights as well as organizational responsibilities.

e. Technological Reliability & Room Setup

Technological reliability, the physical set up of a room, and the clinical administration are all aspects of sessions that must be reviewed. During a telemental health session, both locations

(patient and provider) shall be considered a patient examination room, regardless of a room's intended use. Providers shall ensure privacy so clinical discussions cannot be overheard by others outside of the room where the service is provided. When conferring over video, the patient and provider cameras should be placed at the same elevation as the eyes with the face clearly visible to the other person. The features of the physical environment for both shall be adjusted so the physical space, to the degree possible, maximizes lighting, comfort, and ambiance.

VII. Reimbursement

a. Medicaid Programs and Insurance Reimbursement

Due to Medicaid programs and insurance reimbursements, telehealth is not an expense to the school itself. Aside from the initial equipment, which can usually be covered by grants, the costs are covered. Nebraska has made strides in efforts to implement and cover the cost of telemedicine, for instance, the state passed a parity law in 2017 that requires private payers to cover telemedicine services. The same year, Nebraska joined the Interstate Medical Licensure Compact, making it easier for providers from all over the country to practice medicine in the state of Nebraska. Nebraska is unique in that the state requires private insurance and state employee health plans to cover treatments for autism via telehealth (for reimbursable services under Medicaid). When using these services, Medicaid pays the same rate as in-person coverage. However, there is no reimbursement for services provided by telephone. Currently 48 states and the District of Columbia reimburse for some form of telehealth through Medicaid programs; Massachusetts and Rhode Island are the only states without written definitive Medicaid reimbursement policies. In-person contact is not needed for children's behavioral health, as they receive the same amount of one-on-one time when using telehealth services,

along with support at their physical location, a staff member must be available to the child receiving the service (unless the condition is waived by a legal guardian). The person at their location is often the school nurse, as this is often the only health systems person available within the school system.

b. Minimal Cost to Schools

In recent years, Nebraska has made huge strides in their telemedicine efforts. The State passed a parity law in 2017 that requires private payers to cover telemedicine services. The same year, Nebraska joined the Interstate Medical Licensure compact making it easier for providers from all over the country to practice medicine in the state of Nebraska. The equipment needed for telehealth to be implemented in schools is minimal and requires no maintenance. Active internet connection is required, but this shouldn't be an issue in school settings.

VIII. Evaluations

a. Program Evaluation

A method of evaluation is important to accurately measure the impact of telebehavioral health on access to care and its outcomes. An example of the program evaluation can be seen under Appendix 4. Evaluation will not occur until the end of the academic school year, which will allow for multiple visits to occur. Protocols will be defined based on feedback from evaluation tools set at each school.

b. Establish Pilot Programs

Increasing the utilization of telehealth among behavioral health providers will help close the treatment gap for individuals in need of services. To help identify professionals willing to allow for services, we sent letters to facilities that were identified as already participating in

telebehavioral health asking for input on developing and carrying out this service within school settings (as previously stated, we have contacted Munroe-Meyer, Richard Young, and Boys Town). Schools are a common-sense place to provide health care, and telehealth is a beneficial option because it allows for services in areas where providers are not easily accessible. Pilot evaluation of telehealth services can test the service area before full adoption, limiting the number of sessions, what worked and failed to work properly, what service expansion may be necessary and refining any further process used to improve access and satisfaction.

c. Develop Assessment Tools

Going forward, it will be important to develop assessment tools for parents to complete prior to receiving services, including previous types of visits, number of visits, as well as clinical outcomes, client satisfaction and school satisfaction. There is a distinction between developing assessment tools and evaluation tools; assessment tools are used before the child is seen via telehealth, and evaluation tools are needed after the services to see how they have benefited the students and to what degree. A pilot typically entails a limited number of sessions for a specific period of time in order to evaluate what worked and what did not. Examples of questions used for a telehealth assessment tool is under Appendix 3, and examples of evaluation questions can be seen under Appendix 4.

d. Medicaid Evaluation

We will want to understand the utilization of telebehavioral health and will need to gather data across the state school system to determine how it has been utilized. School nurses often serve as the telepresenter at the originating site, making it possible to connect remote health care providers with students. The school nurse is a logical choice for performing evaluations, as they are often the only health care individual at the school. Additionally, school nurses are familiar

with the multidisciplinary approach in services, so they understand the different components that go into evaluations. Both quantitative and qualitative data through survey tools and phone interviews will be conducted, but participation in the survey will be voluntary. However, if an incentive is available, it will be used for participants completing the surveys and/or interviews.

Appendix 1: Informed Consent Example

INTRODUCTION

Telemedicine involves the use of electronic communication to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Telemedicine is especially useful in situations in natural disasters when accessing a medical office is not possible. Providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video
- Output data from medical devices and sound and video files

Electronic systems used will incorporate network software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

EXPECTED BENEFITS

- Improved access to medical care enabling the patient to remain in his/or her home while the medical provider provides medical evaluation, assessment and treatment.
- Allows for access to care in emergency situations when traveling to a medical office is not possible.

POSSIBLE RISKS

As will any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but are not limited to:

In rare cases, information transmitted may not be sufficient (ex. Poor resolution of audio or images) to allow for appropriate medical decision making by the nurse practitioner or consultant.

Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.

Patient Name: _____

Patient Date of Birth: _____

1. **PURPOSE:** The purpose of this form is to obtain consent to participate in a telemedicine consultation

2. **NATURE OF TELEMEDICINE CONSULTATION:** During the telemedicine consultation:
 - a. Medical history, examination, test results, and psychological testing will be discussed through the use of interactive video and/or telecommunication.
 - b. The patient may be asked to have vital signs taken (blood pressure, weight, pulse, etc.)
 - c. Video, audio, and photos recordings may be taken during the duration of the visit.
3. **MEDICAL INFORMATION AND RECORDS:** Existing laws in regard to the access of medical information and copies of medical records apply to the telehealth consultation. Not all communications are recorded or stored.
4. **CONFIDENTIALITY:** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with telemedicine consultation, and all existing confidentiality protections under federal and Nebraska state apply to information disclosed during this telemedicine consultation.
5. **RIGHTS:** You may withhold and withdraw consent to the telemedicine consultation at any time without affecting your right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
6. **DISPUTES:** You agree that any dispute arising from the telemedicine consult will be resolved in Nebraska and that Nebraska law shall apply to all disputes.
7. **INSURANCE AND PAYMENT:** I understand that any balance due after insurance is filed is my responsibility.
8. **RISKS, CONSEQUENCES, AND BENEFITS:** You have read the information attached on all potential risks, consequences and benefits of telemedicine. You have had the opportunity to ask questions about the information presented on this form and the telemedicine consultation. You understand the written information provided above.

I agree to participate in a telemedicine consultation for the following procedures described above.

Signature: _____

If Signed by someone other than the patient, indicate the relationship:

Date: _____ Time: _____

Appendix 2: Optional template for inquiring about future support

July 15, 2020

UNMC Munroe-Meyer Institute

444 S. 44th Street

Omaha, Nebraska 68105

Dear Provider,

Greetings, I along with JoDe Kinnaman; BA, RN, NCSN, are working on a project to expand telebehavioral health services in schools across Nebraska. We both share a passion for public health and have seen the need for behavioral health across rural and underserved areas. Offering services via this mode of health care delivery promises to expand the service areas where providers are limited. In the face of increasing behavioral health needs in families, there is a lack of dedicated and available mental/behavioral health providers. According to the Center for Rural Health Research, 32 Nebraska Counties have no mental/behavioral providers of any type (Psychologist, Nurse Practitioner, or Licensed Mental Health Practitioner). Telebehavioral health offers a collaborative approach for improving access in rural and other underserved areas. The significance of psychosocial health is crucial to the successful learning of our children today. Additionally, telebehavioral health improves the efficiency of health and related support services.

Mrs. Kinnaman and I are aware of Munroe-Meyer 's dedication to serving the youth and would like to collaborate with you to see how services can be extended to schools willing to offer them. We look forward to any direction and communication that you can provide to help us achieve the mental/behavioral health needs of this population, which will allow children to be seen right away at school (minimizing time out of class, while collaborating with other local resources available to them).

Please feel free to contact me at mckensiuecker@gmail.com. I look forward to hearing from you.

Sincerely yours,

McKensi Uecker,

Medical Humanities Student, University of Nebraska Omaha

Appendix 3: Assessment Tool Questions

1. Has a physician ever told you that your child has anxiety problems, depression, attention-deficit/hyperactivity disorder, behavioral health problems, Tourette's syndrome, Autism spectrum disorder, learning disability, developmental delays or a speech/language disorder?
2. How often does your child's health insurance allow him or her to see a telehealth provider?
3. Do you feel you have received adequate care coordination for services received outside of the school and telehealth option?
4. During the past 3 months, was there someone that you could turn to for day-to-day emotional support with parenting or raising you child?
5. During the past 3 months did your child benefit from emotional support through telebehavioral health services at school or in an office face-to-face?
6. How far have you traveled to meet face-to-face for your child to see a mental/behavioral health provider?

Appendix 4: Evaluation Tool Questions

It is important to carefully consider what data should be collected before an evaluation, whether it is an initial evaluation or if the student's age prohibits them from being able to adequately answer questions without the assistance of a parent/guardian. Below are some general questions that could be modified for specific environments.

1. Did you receive telebehavioral health services during school hours?
2. Was a confidential area provided to conduct your visit?
3. Did you feel comfortable speaking to your provider remotely (when compared to in person visits)?
4. Do you prefer to meet with your provider face-to-face rather than by telehealth?
5. Did you experience any disruption in telehealth services such as interruption with internet connection?
6. What was the length of your visit?
7. What class did you miss to attend your telehealth session?

References

Center for Connected Health Policy. (2017). State telehealth laws and reimbursements policies report: a comprehensive scan of the 50 States and District of Columbia

Nebraska Revised Statute 71-8503. (n.d.). NEBRASKA LEGISLATURE. Retrieved from <https://nebraskalegislature.gov/laws/statutes.php?statute=71-8503>

Mace, S., et al. (2018). The Use of Telehealth Within Behavioral Health Settings:

Utilization, Opportunities, and Challenges. *Behavioral Health Workforce Research*

Center. <http://www.behavioralhealthworkforce.org>.

Nebraska CMS School Health Affinity Group Report of Brief Environmental Scan and

Mapping Project: A snapshot of Tele-behavioral Health Utilization in Nebraska (2018.).

Retrieved from [http://dhhs.ne.gov/Documents/Tele-behavioral Health Report.pdf](http://dhhs.ne.gov/Documents/Tele-behavioral%20Health%20Report.pdf)

Samuel, L. (2017, July 21). At a growing number of schools, sick kids can take a virtual trip to the doctor. Retrieved from <https://www.statnews.com/2017/07/19/telemedicine-schools-children/>

Watanabe-Galloway, S., Haakenstad, E., Evans, J., & Liu, H. (2018, February). Barriers and

Best Practices for Using Telehealth Services ... Retrieved from

[http://www.behavioralhealthworkforce.org/wp-](http://www.behavioralhealthworkforce.org/wp-content/uploads/2018/04/Y2FA2P4_Telehealth-Full-Report-BHECN.pdf)

[content/uploads/2018/04/Y2FA2P4_Telehealth-Full-Report-BHECN.pdf](http://www.behavioralhealthworkforce.org/wp-content/uploads/2018/04/Y2FA2P4_Telehealth-Full-Report-BHECN.pdf)